



SOUTH ISLAND WELLNESS SOCIETY (SIWS)
CHILD, FAMILY and COMMUNITY PLANNING REFERRAL FORM

Collaborative Facilitators offer third-party facilitation of various family planning meetings using Coast Salish teachings and Traditional Decision Making Processes. Planning centers around prevention of child removal and return of children to Indigenous family and community. This planning operates from a child-focused, strength-based, trauma-informed, and holistic model.

Please send this referral by e-mail to intake@siws.ca

Referrer:	Referral date:
Phone number:	Email:
Referral Source: <input type="checkbox"/> Community <input type="checkbox"/> Self <input type="checkbox"/> MCFD <input type="checkbox"/> NIL/TU,O <input type="checkbox"/> Surrounded by Cedar <input type="checkbox"/> Hulitan <input type="checkbox"/> Island Métis <input type="checkbox"/> Victoria Native Friendship Centre <input type="checkbox"/> Other:	
Urgency: <input type="checkbox"/> Immediate (within 48 hrs.) <input type="checkbox"/> Moderate (5 business days) <input type="checkbox"/> Low (10 business days)	

Parents/Caregivers

Name	Gender/ Pronouns	Address	Date of Birth (mm/dd/yy)	Contact information (Phone/E-mail)
Parents Name: Band(s):				
Parents Name: Band(s):				
Other Guardian/Caregiver: Band(s): Relationship to child:				

Children

Name	Gender/ Pronouns	Legal status (If in care, how long?)	Address	Date of Birth (mm/dd/yy)
Name: Band(s):				

Youth (receiving transition services)

Name	Gender/ Pronouns	Legal status (If in care, how long?)	Address	Date of Birth (mm/dd/yy)
Name: Band(s):				

Community

Community where the family currently resides: *double click the box to check

Tsartlip
 Tsawout
 Tseycum
 Pauquachin
 Songhees
 Esquimalt
 T'Sou-ke
 Beecher Bay
 Pacheedaht
 Urban

Consent

Is the family already aware of this referral to SIWS? Yes No

Background Information

Briefly describe the family's situation and reason for requesting SIWS support:

Support Needed

What area(s) is support needed? *double click the box to check

FACILITATED MEETING(S):

Family Case Planning Conference [FCPC]
 Care Plan
 Family Plan
 Safety Plan
 Integrated Case Management [ICM]
 Youth Transition Conference [YTC]
 Family Group Conference [FGC]
 Voluntary Family Plan [VFP]
 Family Meeting
 Permanency Planning
 Other

Band Designate / C.P.C. Contact / Social Development Contact

Name	Position	Contact Info (Email & Phone #)

Significant Extended Family or Community Members Involved

Name	Relationship	Contact Info (Email & Phone #)

Worker Assigned:

Date:

Other Key Participants in the Planning including Professional Services Already involved

Name	Job/Organization	Contact Info (Email & Phone #)

Worker Assigned:

Date: