



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

Please send this referral by e-mail to [intake@siws.ca](mailto:intake@siws.ca)

<b>Referrer:</b>	<b>Referral date:</b>
<b>Phone number:</b>	<b>Email:</b>
<b>Referral Source:</b> <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:	
<b>Urgency:</b> <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)
Mother's Name:  Band(s):				
Father's 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

**Issue Statement**

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

**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 #)

**Other Key Participants in the Planning including Professional Services Already Involved**

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

Worker Assigned:

Date: