SOUTH ISLAND WELLNESS SOCIETY (SIWS)
ADULT SUPPORT WORKER REFERRAL FORM

Please send this referral by e-mail to <u>intake@siws.ca</u>

Referrer:	**Referral date**:
Contact Info:	**Email**:

Referral Source: ☐ Community ☐ Self ☐ MCFD ☐ NIL/TU,O ☐ Surrounded by Cedar ☐ Hulitan ☐ Island Métis ☐ Victoria Native Friendship Centre ☐ Other:

Urgency: ☐ Immediate (within 48 hrs) ☐ Moderate (5 business days) ☐ Low (10 business days)

Client Information

	Gender/ Pronouns	Address	Date of Birth (mm/dd/yy)	Contact information (Phone/E-mail)
Name:				
Band(s):				

Community

Community where the individual currently resides: *double click the box to check
☐ Tsartlip ☐ Tsawout ☐ Tseycum ☐ Pauquachin ☐ Songhees ☐ Esquimalt
☐ T'Sou-ke ☐ Beecher Bay ☐ Pacheedaht ☐ Urban

Consent

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

Issue Statement

Briefly describe the individual's situation and reason for requesting support services:

Support Needed

What area(s) is support needed? *double click the box to check
☐ 1:1 Emotional Support ☐ Addictions/Recovery Support ☐ Food Banks ☐ Housing Applications ☐ Paperwork
☐ Anxiety ☐ MCFD Advocacy ☐ Resource Connection (ie. Counselling, Legal Aid, Referrals, etc.) ☐ Other

SIWSRF2026

Other Important Professionals Involved

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

Support Worker Assigned: Date: