SOUTH ISLAND WELLNESS SOCIETY (SIWS)

YOUTH SUPPORT WORKER REFERRAL FORM

This program is intended for Indigenous youth ages 14-21 who are currently accessing services from The Ministry of Child and Family Development and/or a Delegated Aboriginal Agency. The guidance and support provided is aimed to assist the Youth as they transition into adulthood. A Youth Support Worker will connect and work with the youth to plan a Youth Transition Conference to achieve the goals they establish within it.

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

Referrer:	**Referral date**:
Phone number:	**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)	

Youth (receiving transition services)

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

Guardians/Caregivers

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

Community

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

☐ Tsartlip ☐ Tsawout ☐ Tseycum ☐ Pauquachin ☐ Songhees ☐ Esquimalt

☐ T'Sou-ke ☐ Beecher Bay ☐ Pacheedaht ☐ Urban

Consent

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

Background Information

Briefly describe the Youth's situation and reason for requesting a Youth Support Worker:

Support Needed

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

☐ 1:1 Emotional Support ☐ Addictions/Recovery Support ☐ Anxiety/Mental Health

☐ Food Access/Resources ☐ Housing Applications ☐ Employment applications

☐ Resource Connection (i.e. Counselling, Legal Aid, Referrals, etc.) ☐ Paperwork ☐ Life skills ☐ 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 #)

Other Key Participants in the planning including professional services already involved

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

Youth Support Worker Assigned: Date: