



MCFD Referral to Yellowhead Community Services Family Support Program

612 Park Drive, Clearwater, BC, V0E 1N1
Phone: 250-674-2600 / Fax: 250-674-2676

Person Referred: _____ **DOB:** _____
Referred By: _____ **Title:** _____
Agency: _____ **Phone:** _____ **Fax:** _____

Family Member(s):

| Last Name: | First Name: | Relationship: | DOB: |
|------------|-------------|---------------|------|
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Do any of the Family Member's Identify as Indigenous?

Referred Person's Address: _____

Phone: _____ **Alternate:** _____

Reason for Referral:

Please Describe in Detail the Family/Youth's Present Situation. If applicable attach Family Plan.

Service Requested:

| | |
|---|--|
| <input type="checkbox"/> Parenting Support | <input type="checkbox"/> Family Support |
| <input type="checkbox"/> Parent/Teen Mediation | <input type="checkbox"/> Supervised Visitation |
| <input type="checkbox"/> Youth Support Services | <input type="checkbox"/> Other _____ |

Written Report Requested: Monthly After Scheduled Appointment



Child Safety Concerns: Yes No

If yes, please describe and include any court orders:

Goals of Service:

Additional Information/Comments:

(ie. relevant history, health & safety concern, service requests, situations requiring immediate notification, etc)

Other Services Referred to/Currently Being Accessed:

Service Start Date: _____ **Service End Date:** _____

Requested # of hours of support per week: _____

*Please note that efforts will be made to accommodate request, however caseload will determine scheduling.

Signature of referral source: _____ **Date:** _____

*Referrals are to be faxed directly to the Program Manager Alysha Piva at 250-674-2676 for review and distribution to Family Support Workers. Please contact the Program Manager with any further information, questions or concerns regarding service delivery. **The assigned Family Support Worker will contact the Social Worker and an initial meeting between the Family Support Worker, Social Worker, and person referred will be scheduled. The purpose of the initial meeting will be to review the referral, discuss the current concerns, what’s going well, and the goals of service.***