Fraser Valley Aboriginal Children and Family Services Society

SAIP Referral Form

**\*Please send referral electronically to:** [SAIP@xyolhemeylh.bc.ca](mailto:SAIP@xyolhemeylh.bc.ca)

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| **REFERRAL SOURCE** | |
| Date of Referral: | Referred by: |
| Agency Name: Fraser Valley Aboriginal Children and Family Services Society | |
| Contact Info:  Email Address:  Phone #: | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **CAREGIVER INFORMATION** | | | | | | | |
| Last Name: | | | | First Name: | | | |
| Address: | | City: | | | | Postal Code: | |
| First Nation: | | | | Name of Community: | | | |
| Phone #: | | | | Email Address: | | | |
| Parent | Step Parent | | Foster Parent | | EFP Caregiver | | Child/Youth |

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| --- | --- | --- | --- |
| **CHILD/YOUTH BEING REFERRED** | | | |
| Last Name: | First Name: | | Date of Birth: |
| First Nation: | | Name of Community: | |
| Phone #: | | Email Address: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FURTHER QUESTIONS** | | | | | |
| Is the client consenting to referrals? | | | | Yes | No |
| Is the client in school? | Yes | No | If the client is in school, what is the name of the school? |  | |
| Is there a police file open? | Yes | No | When was the report made?  What is the file number?  Who is responsible for the file? |  | |
| Is there a child safety file open? | Yes | No | When was the file opened?  Who is the worker responsible for the file? |  | |

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| **REASON FOR REFERRAL** |
| **1.Presenting issue(s):**  **2.Your Hopes & Goals for Service:** |

**3. Please indicate if there is current involvement with C&YMH, or other Mental Health Professionals:**