



Date Referred:	Referral Phone #:
Referral Source (Name/Organization):	

Are the parents/guardians aware of this referral?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the youth aware of this referral?	<input type="checkbox"/> yes <input type="checkbox"/> no
Is the child aware of this referral?	<input type="checkbox"/> yes <input type="checkbox"/> no

**Program Descriptions**

**Family Preservation Reunification Program** – a 3 stage intensive Indigenous parent support program for families who have been identified as being in need of interventions and who are at high risk of removal or whose children are in MCFD care due to issues impacting the safety and wellbeing of their children. Provides parent-child observation time. **Families being referred to this program must have an MCFD or DAA Social Worker involved**

**NIŁ YEŁ OŁs-** To provide counseling and support to Aboriginal children and youth aged 0-19 and their families who have experienced or at risk of sexualized violence.

**Ł, KI, L –** To provide counselling and support to Aboriginal children and youth aged 0-19 and their families presenting with mental health issues.

**Program Referring To (Select one. If multiple programs required, please fill out individual forms):**

Family Preservation Reunification Program <input type="checkbox"/>
NIŁ YEŁ OŁs Program (Sexual Abuse Intervention Program) <input type="checkbox"/>
Ł,KI,L Program (Aboriginal Child & Youth Mental Health) <input type="checkbox"/>

Parent(s)/Caregiver(s) being referred:	Phone Number/Email:	Can a message be left (Y or N)
1.		
2.		
<b>Children (Please Include Age/D.O.B (D/M/Y))</b>		
1.	4.	
2.	5.	
3.	6.	



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**Presenting Concern/Reasons for Referral:**

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**If MCFD is involved, please indicate the status of the file (VCA, TCO, CCO, Supervision Order, Investigation, Permanency Planning):**

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**Who are the children currently living with (Family (Parents/Extended family), Foster Placement):**

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Child(ren)'s Current Caregiver(s):	Contact Information:	Can a message be left (Y or N)
1.		
2.		

**Please note any past or present concerns related to:**

Mental Health: \_\_\_\_\_

Alcohol/Drug Use: \_\_\_\_\_

Harm to Self (thoughts/attempts of suicide/cutting) \_\_\_\_\_

Harm to Others (physical and or/emotional violence): \_\_\_\_\_