



CARIBOO FRIENDSHIP SOCIETY

99 South Third Avenue
 Williams Lake, BC Canada V2G 1J1
 Phone: 250-398-6831 Fax: 250-398-6115
 Email: admin@cfswl.ca
 Website: www.cariboofriendshipsociety.ca

Hearth Restaurant 398-6831
 Native Arts & Crafts 398-6831
 Contracting 398-6831
 Aboriginal Wellness Program 267-2399
 Pregnancy Outreach Program 392-3583
 Little Moccasins Learning Cntr. 398-6841
 Urban Native Housing 398-6831
 Shelter 398-6831
 Chiwid Transition House 398-5658
 P.E.A.C.E. Program 398-7005
 Family Ties Program 267-3703
 Elders Circle of Care 398-7921

Our File:\ October 2015

Family Ties Program - Referral Form

Contact Information			
Social Worker(s):		Team Leader:	
Phone Number(s):		Email:	
Contract Information			
DATE OF REFERRAL:			
Anticipated Number Of Visits Per Week:		Anticipated Hours Per Week:	
Client Information			
Name(s) of Parent(s):	(Mom)	(Dad)	
Phone Numbers:	(H) (C)	(H) (C)	
Address:			
Child(ren):	Birthdate	Band	Residing with?

Reason for referral:

Expectations of Family Ties Program – goal specifics:

Foster Parent(s)	Phone Number:	Address:

Please provide a detailed description to the following questions:
Violent/Suicidal Behaviour/Self Harming:

Spousal Violence:

Concerns re: addictions (alcohol, gambling, eating):

Health Concerns: (e.g. physical, mental, cognitive, and emotional):

Development Concerns: (Children and parents):

Have you discussed the referral with the family? Yes No

On a scale of 1 to 10 rate the families openness to this referral (1 resentment – 10 enthusiastic).

1 2 3 4 5 6 7 8 9 10

Additional comments that you have that may assist us in meeting the needs of the client(s):

Has the family been referred to Cariboo Friendship Society in the past? Yes No

If yes, which Program(s)?

Other Agencies / Professionals:

SIGNATURES:

Referring Social Worker:

Family Ties Coordinator: