

### BASIC REFERRAL

<b>Referral Date (D/M/Y):</b>		<b>Date of Birth</b>	
<b>Client First Name:</b>		<b>Client Last Name:</b>	
<b>Funding Source</b>	<input type="checkbox"/> AFU <input type="checkbox"/> Home Schooling <input type="checkbox"/> Private Funds		
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Intersex <input type="checkbox"/> Two-Spirited <input type="checkbox"/> Transgender <input type="checkbox"/> Other		
<b>Language Spoken:</b>			
<b>Cultural Background:</b>			
<b>Parent/Caregiver's names</b>			
<b>Phone # (Home):</b>		<b>Phone # (Cell):</b>	
<b>Address:</b>			
<b>Parent Email:</b>			
<b>CYSN Social Worker</b>			

### Therapy Options

We offer both in-home and center-based therapy for clients enrolled in our program.

1. What is your 1<sup>st</sup> preference?
  - In-Home Therapy    Center Based Therapy    Combination
2. What is your 2<sup>nd</sup> preference?
  - In-Home Therapy    Center-Based Therapy    Combination    None

Are there times that work best for 1-2 hour sessions?

### Brief Description of Needs:

**Send Referrals to:** Email: [pgcentre@sourcesbc.ca](mailto:pgcentre@sourcesbc.ca), fax: 250-561-1195

