

**REFERRAL FORM (Northern BC)**

*For assistance in completing this form, please ask your local Sources' staff, who would be happy to assist you.*

**Section A: Primary Focus Person of the Referral**

Primary Focus Person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Name Last Name DD/MM/YYYY

Gender:  Male  Female  Non-Binary  Intersex  
 Two-Spirited  Transgender  Other: \_\_\_\_\_

Cultural Heritage: \_\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
 Translator Required:  Yes  No Provided By: \_\_\_\_\_

Contact Information: \_\_\_\_\_  
Physical Address Mailing Address (if different)

\_\_\_\_\_ City Province Postal Code

\_\_\_\_\_ Email Address Cell Number Other

Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Brief Description of Needs/Specific Goals: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Consideration for Service:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## Eligibility and Referral Requirements

To determine eligibility and referral requirements find the program you are referring to and then refer to the row representing the service within that program. The eligibility requirements are listed as (A) location, (B) diagnosis/family situation, and (C) age.

**B.A.S.I.C. \* Fee for Service Program \*** (see separate referral)

### Behaviour Analysis and Consultation Services

	Eligibility Requirements	Referral Requirements
Augmenting Autism Funding	(A) In Northern BC, excluding Prince George (B) Diagnosis of Autism (C) Aged 0 through 18.	<ul style="list-style-type: none"> <li>• Referrals can come directly from the family.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>
Managing Challenging Behaviour	(A) Anywhere in Northern BC (B) Diagnosis of Autism, FASD, history of trauma, attachment disruption, or other complex background. (C) Aged 6 through 18 (4 through 18 for non ASD referrals).	<ul style="list-style-type: none"> <li>• Referrals must come through an MCFD worker.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

### Behaviour Intervention and Mental Health

	Eligibility Requirements	Referral Requirements
	(A) Fort St. John or Dawson Creek and area (B) Involved with an MCFD Mental Health Clinician, or Child and Youth with Special Need Social Worker. (C) Aged 6 through 18.	<ul style="list-style-type: none"> <li>• Referrals must come from either an MCFD Mental Health Clinician or a Children and Youth with Special Needs Social Worker.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

### Family Preservation (Prince George)

	Eligibility Requirements	Referral Requirements
	(A) Prince George, Tsay Key Dene, Kwadacha, McLeod Lake, Lheidli T'enneh, and PG to Valemount (B) At risk families who have or are at risk of having their children removed. (C) Not applicable	<ul style="list-style-type: none"> <li>• Referrals must come through an MCFD protection worker.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

### Family Support (Dawson Creek)

	Eligibility Requirements	Referral Requirements
	(A) Dawson Creek and area. (B) At risk families who have or are at risk of having their children removed. (C) Not applicable	<ul style="list-style-type: none"> <li>• Referrals must come through an MCFD protection worker.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

### Independent Living Skills

	Eligibility Requirements	Referral Requirements
	(A) Prince George (B) None Required. (C) Aged 16 through 18.	<ul style="list-style-type: none"> <li>• Referrals can come from MCFD.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

### Keyworker North

	Eligibility Requirements	Referral Requirements
	(A) Fort St. John or Fort Nelson and areas (B) Diagnosis of FASD or CDDB, or suspected to have FASD/CDDB. (C) Aged 0 through 18.	<ul style="list-style-type: none"> <li>• Referrals can come from any source.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

### Referral Sources

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• CYSN (Children and Youth with Special needs)</li> <li>• CYMH (Children and Youth Mental Health)</li> <li>• GSW (Guardianship Social Worker)</li> </ul> | <ul style="list-style-type: none"> <li>• YJ (Youth Justice)</li> <li>• CP – IS/FS (Child Protection – Intake Services/Family Support)</li> </ul> |
|---|--|

## Section B: Guardianship and Care (If Applicable)

If the Primary Focus Person is under the age of 19 and/or lives in someone's care, please complete this section. If they live independently, skip to Section C.

Caregiver (s): \_\_\_\_\_  
Name(s) Relationship

Contact Information: \_\_\_\_\_  
Email Address Cell Number Other

Legal Guardian(s): \_\_\_\_\_  
Name(s)

Guardianship or Custody Arrangements: \_\_\_\_\_

## Section C: Family and Other Participants in Service

1. \_\_\_\_\_  
Name Relationship D.O.B. DD/MM/YYYY Cultural Heritage

Contact Information

2. \_\_\_\_\_  
Name Relationship D.O.B. DD/MM/YYYY Cultural Heritage

Contact Information

3. \_\_\_\_\_  
Name Relationship D.O.B. DD/MM/YYYY Cultural Heritage

Contact Information

4. \_\_\_\_\_  
Name Relationship D.O.B. DD/MM/YYYY Cultural Heritage

Contact Information

5. \_\_\_\_\_  
Name Relationship D.O.B. DD/MM/YYYY Cultural Heritage

Contact Information

6. \_\_\_\_\_  
Name Relationship D.O.B. DD/MM/YYYY Cultural Heritage

Contact Information

7. \_\_\_\_\_  
Name Relationship D.O.B. DD/MM/YYYY Cultural Heritage

Contact Information

8. \_\_\_\_\_  
Name Relationship D.O.B. DD/MM/YYYY Cultural Heritage

Contact Information

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**B.A.S.I.C. \* Fee for Service Program \*** (see separate referral)

### Behaviour Analysis and Consultation Services

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Augmenting Autism Funding	(D) In Northern BC, excluding Prince George (E) Diagnosis of Autism (F) Aged 0 through 18.	<ul style="list-style-type: none"> <li>• Referrals can come directly from the family.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>
Managing Challenging Behaviour	(D) Anywhere in Northern BC (E) Diagnosis of Autism, FASD, history of trauma, attachment disruption, or other complex background. (F) Aged 6 through 18 (4 through 18 for non ASD referrals).	<ul style="list-style-type: none"> <li>• Referrals must come through an MCFD worker.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

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### Family Preservation (Prince George)

Eligibility Requirements	Referral Requirements
(D) Prince George, Tsay Key Dene, Kwadacha, McLeod Lake, Lheidli T'enneh, and PG to Valemount (E) At risk families who have or are at risk of having their children removed. (F) Not applicable	<ul style="list-style-type: none"> <li>• Referrals must come through an MCFD protection worker.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

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### Independent Living Skills

Eligibility Requirements	Referral Requirements
(D) Prince George (E) None Required. (F) Aged 16 through 18.	<ul style="list-style-type: none"> <li>• Referrals can come from MCFD.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

### Keyworker North

Eligibility Requirements	Referral Requirements
(D) Fort St. John or Fort Nelson and areas (E) Diagnosis of FASD or CDIBC, or suspected to have FASD/CDIBC. (F) Aged 0 through 18.	<ul style="list-style-type: none"> <li>• Referrals can come from any source.</li> <li>• Completed Referral form.</li> <li>• Consent section of referral form signed and dated by the legal guardian.</li> </ul>

### Referral Sources

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|---|--|

## Section D: Environmental Risk Assessment

Does the focus person/family have a history of violent behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Does the focus person/family have a history of alcohol/drug abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Does the focus person/family have a history of criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Does the focus person/family have a history of an open child protection file?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Does the focus person forgotten/refused to take medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
Are there any other potential risks (i.e. unsafe neighborhood, living conditions, others in household, mental health concerns?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____

Comments: \_\_\_\_\_

## Section E: Referral Source

Referral Source:  Self Referral  CYSN  CYMH  GSW  YJ  CP-IS/FS  
 OTHER \_\_\_\_\_

\_\_\_\_\_  
 Name of Person Making Referral                      Position/Relationship                      Email Address

\_\_\_\_\_  
 Mailing Address (if different from focus person and caregivers)                      Phone                      Fax

**Program:**                      *Select the program (and service, if applicable) that you are referring to, from the list below (see reverse for program acceptance criteria).*

- |   |   |
|---|---|
| <input type="checkbox"/> Behaviour Analysis & Consultation Services | <input type="checkbox"/> Behaviour Intervention & Mental Health |
| <input type="checkbox"/> Augment Autism funding Program             | <input type="checkbox"/> Keyworker (North Peace)                |
| <input type="checkbox"/> Manage Challenging Behaviour               |   |
| <input type="checkbox"/> Independent Living Skills (Prince George)  | ***** B.A.S.I.C. -See separate referral                         |
| <input type="checkbox"/> Family Preservation (Prince George)        | (fee for service program)                                       |
| <input type="checkbox"/> Family Support (Dawson Creek)              |   |

**In order to correctly complete this section, please refer to the "Eligibility and Referral Requirements" for each program, on the back of each page. Referrals will not be accepted unless the referral meets all the requirements listed.**

- Does the focus person/family live within the geographic area served by this program (**Eligibility Requirement A**)?  Yes  No
- Does the focus person/family qualify based on diagnosis or family situation (**Eligibility Requirement B**)?  Yes  No
- Does the focus person/family qualify based on the age requirement (**Eligibility Requirement C**)?  Yes  No
- Is the focus person/caregivers aware of this referral and the purpose of the service?  N/A  Yes  No

\_\_\_\_\_  
**Referral Date (DD/MM/YYYY)**

### Send Referrals to:

Sources Community Resources Centres  
 Email: [ngotobed@sourcesbc.ca](mailto:ngotobed@sourcesbc.ca), fax: 250-561-1195, mail: #101-575 Brunswick Street, Prince George, BC, V2L 2B8

### Sources Use Only:

- Referral form is complete:  Yes  No                      Referral meets eligibility requirements:  Yes  No
- Referral meets referral requirements:  Yes  No
- Referral Accepted:  Yes  No                      If no, give reason: \_\_\_\_\_
- Referral Source Contacted:  Yes  No                      If no, give reason: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Sources Staff

\_\_\_\_\_  
 Date (DD/MM/YYYY)

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