

**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>• Referrals must come through an MCFD worker.</li> <li>• Completed Referral form.</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).	

### 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> </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> </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> </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> </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> </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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	Eligibility Requirements	Referral Requirements
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|---|--|

## Section D: Environmental Risk Assessment

Does the focus person/family have a history of violent behavior?	Yes	No	Comments: _____
Does the focus person/family have a history of alcohol/drug abuse?	Yes	No	Comments: _____
Does the focus person/family have a history of criminal activity?	Yes	No	Comments: _____
Does the focus person/family have a history of an open child protection file?	Yes	No	Comments: _____
Does the focus person forgotten/refused to take medication?	Yes	No	Comments: _____
Are there any other potential risks (i.e. unsafe neighborhood, living conditions, others in household, mental health concerns?)	Yes	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<br><input type="checkbox"/> Augment Autism funding Program<br><input type="checkbox"/> Manage Challenging Behaviour   | <input type="checkbox"/> Behaviour Intervention & Mental Health<br><input type="checkbox"/> Keyworker (North Peace)<br><b>***** B.A.S.I.C *** See separate referral (fee for service program)***</b> |
| <input type="checkbox"/> Independent Living Skills (Prince George)<br><input type="checkbox"/> Family Preservation (Prince George)<br><input type="checkbox"/> Parent Support<br><input type="checkbox"/> Parent Support Visitation | Referral Date: _____   |
| <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 ( <b>Eligibility Requirement A</b> )?	Yes	No
Does the focus person/family qualify based on diagnosis or family situation ( <b>Eligibility Requirement B</b> )?	Yes	No
Does the focus person/family qualify based on the age requirement ( <b>Eligibility Requirement C</b> )?	Yes	No
Is the focus person/caregivers aware of this referral and the purpose of the service?	N/A	Yes    No

### Send Referrals to:

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

### Sources Use Only:

Referral form is complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral meets eligibility requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral meets referral requirements:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Referral Accepted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give reason:	_____
Referral Source Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, give reason:	_____

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

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

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