CONNEXUS
COMMUNITY RESOURCES

REFERRAL FORM

Referral Information

Date: _____ **Referring Source:** _____

Contact Person: _____ **Phone:** _____

Client Information

Client Name: _____ **Birthdate**: _____ **Gender:** _____

Mailing Address: _____ **Physical Address:** _____

Phone Home: _____ **Cell:** _____ **Other:** _____

Email Address: _____

Client and parent aware of referral: Yes ☐ **No** ☐ **Indigenous Ancestry: Yes** ☐ **No** ☐

Parent(s)/Guardian(s)(If under 18 years): 1. _____

2. _____

Child resides with: _____ **Phone:** _____

Social Worker (if applicable): _____ **Phone:** _____

Previous/Current Services: _____

List other professionals involved: _____

Service Requested

☐ **Early Childhood Services** ☐ **Child, Youth & Family Services** ☐ **Adult Services** ☐ **Housing Services**

Reason for Referral:

Expectations and Desired Goal:

Signature of referral source:

Vanderhoof
PO Box 1249, 157 W. Victoria St.
Vanderhoof, BC V0J 3A0
Phone: 250-567-9205
Fax: 250-567-3939

Fort St. James
PO Box 1146, 349 Stuart Dr.
Fort St. James, BC V0J 1P0
Phone: 250-996-7645
Fax: 250-996-7647

Fraser Lake
298 McMillan Avenue
PO Box 1249 Vanderhoof, BC V0J 3A0
Phone: 250-567-9205
Fax: 250-567-3939