



# MCFD Referral to Yellowhead Community Services Family Group Conferencing Program

612 Park Drive, Clearwater, BC, V0E 1N1  
Phone: 250-674-2600 Fax: 250-674-2676

**Person referred:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
**Referred by:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Family member(s):**

Last name:	First name:	Relationship:	DOB:

**Do any of the family member's identify as Indigenous?**  Yes  No

**Referred person's address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Alternate:** \_\_\_\_\_

**Reason for referral:**

Please describe in detail the family's present situation and attach any additional information.

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**Child safety concerns:**

Please describe and include any upcoming court dates and/or orders:

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**Social Worker and family's goals for meeting:**

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**Additional information/comments:**

(ie. relevant history, health & safety concern, service requests, situations requiring immediate notification, etc)

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**Significant extended family and/or friends involved:**

Last name:	First name:	Relationship:	Contact info:

**Other key participants in the planning, including professionals:**

Last name:	First name:	Relationship:	Contact info:

**Signature of referral source:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Referrals are to be faxed directly to the YCS FGC Coordinator at 250-674-2676 for review.  
Please contact the FGC Coordinator with any further information, questions or concerns regarding service delivery.*