



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.

Child safety concerns:

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

Social Worker and family's goals for meeting:

Additional information/comments:

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

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.*

