



Referral Family Navigator Program

Refer to: Janice Cross
Family Navigator, Early Years Program
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Family Services Director:

Debbie Onucki Coordinator
604 702-8199
onuckid@comserv.bc.ca

CLIENT INFORMATION

Parent/Caregiver Name:			
Parent/Caregiver Name:			
Caregivers' Relationship to Children:			
Phone:		Birthdate:	
Address:		<input type="checkbox"/> Foster Home	<input type="checkbox"/> Group Home
		<input type="checkbox"/> Parent/Relative Home	<input type="checkbox"/> Homeless
		<input type="checkbox"/> Couch Surfing/Shelter	<input type="checkbox"/> Other:
Children:	Name	Birth Date (or Expected)	Location of Children

REFERRAL INFORMATION

Referred By:		Referral Date:
Organization:	Contact (ph/email):	

REASONS FOR REFERRAL

(Include relevant background information, pregnancy information, family background, presenting issues/risk factors i.e. mental health, addictions, cultural issues, etc.)

Parent/caregiver aware of referral? Yes No

SCHOOL STATUS: Not Attending School Attending School

School and Grade:	
Relevant Information:	

MENTAL HEALTH/PHYSICAL HEALTH CONCERNS:

Mental or Physical Health Information (include Parent/Caregiver, Children)	Suspected (Y/N)	Diagnosed (Y/N)	Medications

SUICIDE RISK ASSESSMENT (When applicable)

HIGH <input type="checkbox"/> Suicide intent with plan/means and a history. Has no perceived supports <input type="checkbox"/> None	MEDIUM <input type="checkbox"/> Indicated suicide intent May have plan and limited supports	LOW <input type="checkbox"/> Suicide ideation Does not have clear plan and has supports
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PARENT/CAREGIVER HISTORY:

<input type="checkbox"/> Drug Use	Suspected or Confirmed	How Often:	Drug(s) of Choice:
<input type="checkbox"/> Alcohol Use	Suspected or Confirmed	How Often:	
<input type="checkbox"/> History of Violence	<input type="checkbox"/> Criminal Activity	<input type="checkbox"/> Sexual Exploitation	<input type="checkbox"/> Engages in High Risk Behaviors
<input type="checkbox"/> Family Trauma	<input type="checkbox"/> Exposure to Domestic Violence	<input type="checkbox"/> Caregiver Addiction	<input type="checkbox"/> Other
Safety Concerns:			

GOALS OF SERVICE REQUESTED (Related to reasons for referral)

1.	
2.	
3.	