



NORTHWEST INTER-NATION FAMILY AND COMMUNITY SERVICES SOCIETY (NIFCS)

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Referral Form

Caller's Name:			
Date:			
Phone:		Email:	
REQUEST:			

Family Information			
Name: _____	<input type="checkbox"/>	Aboriginal	<input type="checkbox"/>
			Non-Aboriginal
Address: _____	Band/Community: _____		
Phone #: _____			
Name: _____	<input type="checkbox"/>	Aboriginal	<input type="checkbox"/>
			Non-Aboriginal
Address: _____	Band/Community: _____		
Phone #: _____			
Child: _____			
Child: _____			
Child: _____			
Other Family Member: _____			Phone #: _____
Other Family Member: _____			Phone #: _____

Community Agencies Involved	
Agency Name: _____	Phone #: _____
Contact Person: _____	Phone #: _____
Agency Name: _____	Phone #: _____
Contact Person: _____	

X	Actions needed <i>(please check all that apply)</i> :
<input type="checkbox"/>	Support Service Agreement
<input type="checkbox"/>	Voluntary Care Agreement
<input type="checkbox"/>	Special Needs Agreement
<input type="checkbox"/>	Agreement with Youth or Young Adult
<input type="checkbox"/>	MCFD Follow-up
<input type="checkbox"/>	Family Group Conferencing
<input type="checkbox"/>	Family Case Planning Conference
<input type="checkbox"/>	Respite
<input type="checkbox"/>	A Child's Roots are Forever Program
<input type="checkbox"/>	Other: _____

NIFCS Team Leader - Signature

Date