

North Island Crisis & Counselling Centre Referral Form

7095 Beverley Parnham Way Port Hardy BC V0N 2P0 Phone 250-949-8333 Fax 250-949-8344

DATE OF REFERRAL: _____ TAKEN BY (STAFF): _____

LEVEL OF URGENCY: Crisis (address immediately) Urgent (same day follow-up) Standard (3 work days)

Ask client: Do you have any urgent needs around safety, shelter, food or child essentials?

Contacts: RCMP 911

NICCCS women's team/Admin staff for groceries/Save on cards (230-1647)

Harvest Food Bank (7120 Market Street 250-902-0332)

MCFD (8755 Gray Street 949-8011).

Salvation Army Lighthouse Resource Centre (8635 Granville Street 949-8125).

MOST SUITABLE PROGRAM

- Unknown Child & Youth Mental Health Supported Child Development Family Counselling
 Sexual Abuse Intervention (child/youth) Shelter/Women's Outreach FASD Keyworker
 Stop the Violence (adult women) Children Who Witness Abuse Hospice Grief counselling

EXPLAINED PROGRAM(S) TO CLIENT? Yes No

CLIENT INFO

Name: _____

Date of Birth: _____

Gender: _____

Caregiver to child(ren)? Yes No

Cultural Background: _____

Address: _____

Home Phone: _____

Okay to leave message? Yes No

Other phone: _____

Okay to leave message? Yes No Prefer text? Yes No

Email address: _____

Parent/Guardian's Names (If applicable): _____

REFERRAL SOURCE INFO

self-referral, or

Name of source: _____

Relationship to client: Mother Father Relative

Social Worker Other _____

Name of agency if applicable: _____

_____ NA

Contact info: _____

Client signature indicating consent for referral:

_____ NA

Method of referral: Phone Fax Walk-In

