



Purpose: The following assessment/referral form must be completed by referring agency and submitted to the respective referral agency (South/North). Please

Family Counsellor PRIYD Clinical Counselling FC/FLA* Doulo Resource South Referrals - Family Services of Greater Vancouver: Iel: 604-875-6277 Fox: 604-875-0760 North Referrals - Westcoast Family Centres: Tel: 604-254-5457 Fox: 604-254-6169 WFC Admin Use Only: Date Fax Rec'd: Staff Assigned: WFC Admin Use Only: Date Fax Rec'd:	note: Supervised Access Service SERVICE(S) REQUESTED:	es requires a differe	ent form.			
South Referrals - Family Services of Gredier Vancouver: Tel: 604-875-6277 Fax: 604-254-6169 North Referrals - Westcoast Family Centres: Tel: 604-254-5457 Fax: 604-254-6169 WFC Admin Use Only:	JERVICE(S) NEQUESTED.					
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Tel: 604-875-6277 Fax: 604-875-0760 North Referrals - Westcoast Family Centres: Tel: 604-254-5457 Fax: 604-254-6169 WFC Admin Use Only: Date Fax Rec'd: Staff Assigned: WFC Admin Use Only: Date Fax Rec'd: Staff Assigned: WFC Admin Use Only: Date Fax Rec'd: Staff Assigned: WFC Admin Use Only: Date Fax Rec'd: Staff Assigned: WFC Admin Use Only: Date Fax Rec'd: Staff Assigned: WFC Admin Use Only: Date Fax Rec'd: Staff Assigned: WFC Admin Use Only: March Involvement with this Case & Child Protection Concerns. Referral Date: Referring S.W.: MCFD Office: S.W. Phone: S.W. Fax: Client Last Name: Phone: (Cl. D.O.B. mm/dd/ry Male Fernale Phone: (Cl. Postal Code: Postal Code: Weekerral: Yes No CCO: Yes No Length of Service: 8 – 12 weeks 6 months Protection mandated Protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Length of time in care: "Child protection court date: "Type of hearing: "Lengt						
Color=Family Law Act FLAN Involvement with this Case. ** Family Law Act FLAN Involvement with this Case & Child Protection Concerns. Referring S.W.: MCFD Office:		Si	Tel: 604-875-6277 North Referrals - Wes	Fax: 604-875-0760 stcoast Family Centres:	uver:	
Referral Date:	WFC Admin Use Only:	Date Fax Re	c'd:	Staff Assigned:		
S.W. Phone: S.W. Phone: S.W. Fax: S.W. Fax:	Note:*Family Law Act (FLA) Invo	olvement with this C	ase. ** Family Law Act (FLA) Invo	olvement with this Case & Child	d Protection Concerns.	
Client Last Name: First Name: Phone: (H)	Referral Date:		Referring S.W.:		MCFD Office:	
D.O.B. mm/dd/yy Address: Re-Referral: Yes			S.W. Phone:		S.W. Fax:	
Address: Re-Referral: Yes No CCO: Yes No Length of Service: 8 – 12 weeks 6 months Protection mandated Protection mandated Voluntary/Support *Number of MCFD investigations: *Number of out of home placements: *Length of time in care: *Child protection court date: *Type of hearing: *Number of out of home placements: *Length of time in care: *Supervision order? Yes No *Date of expiry: *General themes: *Language preference: *Culture: *Indigenous? Yes No *Voluntary/Support No *Length of time in care: *Length of time in care: *Supervision order? Yes No *Date of expiry: *General themes:	Client Last Name:		First Name:		Phone: (H)	
Re-Referral: Yes No CCO: Yes No	D.O.B. mm/dd/yy		Male \square	Female \square	Phone: (C)	
Length of Service: 8 – 12 weeks	Address:				Postal Code:	
Protection mandated	e-Referral:	Yes □	No 🗆	CCO:	Yes □	No 🗆
*Number of MCFD investigations: *Number of out of home placements: *Child protection court date: *Number of out of home placements: *Number of out of home placements: *Length of time in care: *Length of time in care: *Supervision order? Yes No *Date of expiry: *General themes: *Language preference: *Culture: *Undigenous? Yes No *Indigenous? Yes Yes		Prote	ection mandated	□ Prote		
Worker preference: Male ☐ Female ☐ Other diversity considerations: *Days ☐ Evenings ☐ Weekends ☐	*Number of out of home *Child protection court of *Number of out of home *Supervision order?	e placements: date: e placements:	*Type *Lengt	e of hearing: th of time in care:		
	Worker preference: *Days ☐ Evenings ☐] Weekend:	Female Other div	·		Yes No





If no, please cor	nment:			
*Are there any o	ircumstances that may mment:	pose a risk to se	rvice provide	ers? Yes 🗆 No 🗆
*Have risks for s If yes, please co	suicide been identified fo mment:	or any family mei	mbers?	Yes □ No □ Possible Concern □
Other Adult Fa	MILY MEMBERS:			
Name:				Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy)			Phone: (H)
Address:	.,		1	Phone: (C)
Name:				Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy)			Phone: (H)
Address:	(IIIII) ddi yyr		I	Phone: (C)
CHILDREN: (Use	Additional space on las	t page as requir	red)	
Name:				Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy)		AGE:	Legal Status/ Custody:
	Whereabouts:			Expiry Date:
Address:		Foster Parent Name:		
School/ Daycare:				Contact: Contact Phone:
Name:				Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy)		AGE:	Legal Status/ Custody:
1	Whereabouts:		Expiry Date:	
Address:		Foster Parent Name:		
School/ Daycare:				Contact: Contact Phone:
Name:				Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy)		AGE:	Legal Status/ Custody:





	Whereabouts:	Expiry Date:
Address:		Foster Parent
School/ Daycare:		Name: Contact: Contact Phone:
	as much information as possible. MILY MEMBERS (Continued from previous page)	See Page 5 for Foster Parent information
Name:		Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy)	Phone: (H)
Address:		Phone: (C)
Name:		Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy)	Phone: (H)
Address:		Phone: (C)
CHILDREN:		
Name:		Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy) Age:	Legal Status/ Custody:
	Whereabouts:	Expiry Date:
Address:		Foster Parent Name:
School/ Daycare:		Contact: Contact Phone:
Name:		Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy) Age:	Legal Status/ Custody:
	Whereabouts:	Expiry Date:
Address:		Foster Parent Name:
School/ Daycare:		Contact: Contact Phone:
Name:		Relationship:
M 🗆 F 🗆	D.O.B.: (mm/dd/yy) Age:	Legal Status/ Custody:
	Whereabouts:	Expiry Date:
Address:		Foster Parent Name:
School/ Daycare:		Contact: Contact Phone:





NAME:							Relationship:	
М 🗆	F 🗆	D.O.B.: (mm/dd/yy) Age:					Legal Status/ Custody:	
	1	Whereabouts:	1	,			Expiry Date:	
Address	S:						Foster Parent Name:	
School/ Daycare							Contact: Contact Phone:	
		DRMATION:						L
			attention of	MCFD? /f f	his Case has Fo	amily Law A	ct (FLA) involvement, pleas	se describe the status of the involvement, if
*Please	identify c	hild protection c	oncerns:					
*Please identify who will be involved in service:								
Please comment on family functioning (including personal strengths, individualized needs/abilities/interests):								
Issues important to and preferences of family:								
FAMILY HISTORY: *Is the use of drugs, alcohol or other addictions identified as an issue (inclusive of any other risk-taking behaviours)? Yes No Possible Concern Not Assessed Not								
If yes or possible concern, type of addiction(s), how has this been addressed, current supports?								
*Are there anger/violence issues? Yes No Possible Concern Not Assessed If the state of								
It yes or	If yes or possible concern, how have these been addressed, current supports?							
Yes □	1	ining Order? No □						
If yes, provide details:								





AUGUST 2021 *Is criminal activity a concern? Possible Concern □ Not Assessed □ Yes □ No □ If yes or possible concern, provide details: *Are there mental health issues? Yes □ No □ Possible Concern Not Assessed □ If yes or possible concern, how has this been addressed, current supports? Educational/Literacy Level: Employment History: *Has this family been impacted by trauma or abuse? No □ Possible Concern Not Assessed □ If yes or possible concern, how has this been addressed, current supports? Has this family been impacted by refugee or immigration experience? No □ If yes, please comment: HISTORY OF SUPPORTS AND SERVICES: Past supports/services/ supportive relationships for parent(s): Current supports/services/supportive relationships for parent(s): Past supports/services/supportive relationships for child(ren): Current supports/services/supportive relationships for child(ren): Comment on any issues related to children's speech, hearing, and visual functioning. Also comment on issues related to prenatal exposure to alcohol or other drugs: MEDICAL HISTORY/PERSONAL FUNCTIONING: Are any family members being treated for any medical conditions? Please give details (including medication use profile and efficacy of current or previously used medication):





Please give details: Do any family members have disabilities/special equipment required? Yes	Do any family members h	nave allergies or adverse reactions Unknown	to medication?		
Ves		UNINIOWII L			
Ves					
*SERVICE PRIORITIES / NEEDS / GOALS: Please attach Family Plan when possible *FOSTER PARENT INFORMATION Confidential: Yes No Confidential: Child's Name: Child's Name: Foster Parent(s): Address: Phone: (H) Phone: (C) Phone: (H) Phone: (C) How often does the parent visit the children? Are the visits with the child/ren supervised? Are the visits with the child/ren supervised?	Yes □ No □		required?		
*FOSTER PARENT INFORMATION Confidential: Child's Name: Child's Name: Coster Parent(s): Foster Parent(s): Address: Add	Please give details:				
Confidential: Yes No Confidential: Yes No Child's Name: Foster Parent(s): Address: Address: Phone: (H) Phone: (C) How often does the parent visit the children? Are the visits with the child/ren supervised? Child's Name: Foster Parent(s): Address: Address: How often does the parent visit the children? Are the visits with the child/ren supervised?	*Service Priorities / Need	os / Goals:	Р	lease attach Family Plan wh	nen possible
Confidential: Child's Name: Child's Name: Foster Parent(s): Address: Address: Phone: (H) Phone: (C) How often does the parent visit the children? Are the visits with the child/ren supervised? Confidential: Yes □ No □ Child's Name: Foster Parent(s): Foster Parent(s): Address: Address: How often does the parent visit the children? Are the visits with the child/ren supervised?					
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Foster Parent(s): Address: Address: Phone: (H) Phone: (C) How often does the parent visit the children? Are the visits with the child/ren supervised? Foster Parent(s): Address: Address: Phone: (H) Phone: (C) How often does the parent visit the children? Are the visits with the child/ren supervised?		Yes □ No □		Yes □	No □
Address: Phone: (H) Phone: (C) Phone: (H) Phone: (C) How often does the parent visit the children? Are the visits with the child/ren supervised? Are the visits with the child/ren supervised?					
Phone: (H) Phone: (C) Phone: (H) Phone: (C) How often does the parent visit the children? Are the visits with the child/ren supervised? Are the visits with the child/ren supervised?	Foster Parent(s):		Foster Parent(s):		
How often does the parent visit the children? How often does the parent visit the children? Are the visits with the child/ren supervised? Are the visits with the child/ren supervised?	Address:		Address:		
Are the visits with the child/ren supervised? Are the visits with the child/ren supervised?	Phone: (H)	Phone: (C)	Phone: (H)	Phone: (C)	
	How often does the pare	nt visit the children?	How often does the pa	rent visit the children?	
Yes □ No □ Yes □ No □	Are the visits with the chil		Are the visits with the c	· · · · · · · · · · · · · · · · · · ·	T
		Yes 🗆 No 🗆		Yes 🗆	No □