



Counselling & Support Centre

4838 Lazelle Avenue, Terrace, BC V8G 1T4

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www.ksansociety.ca

Agency Referral Form: Counselling & Support Programs

REFERRAL INFORMATION

Date: _____

Client Name: _____

DOB: _____

If child, (Parent Name): _____

Date: _____

Primary Caregiver (if different from parent): _____

Phone: _____ Is it safe to leave a message & identify who we are? Yes No

Alternate Phone/Text #: _____ Is it safe to leave a message & identify who we are? Yes No

Address/Email Address: _____

IS THERE RCMP INVOLVEMENT? Yes No RCMP File #: _____ RCMP Member: _____

First Court appearance date: _____ Status of Investigation: _____

Is there MCFD involvement? Yes No MCFD Worker: _____

OTHER AGENCIES/SERVICES INVOLVED: _____

REASON FOR REFERRAL/PRESENTING ISSUES

- | | | |
|--|--|---|
| <input type="checkbox"/> Spousal Assault | <input type="checkbox"/> Child/Youth Sexual Assault | <input type="checkbox"/> Child/Youth Who Witness Violence |
| <input type="checkbox"/> Relationship Violence | <input type="checkbox"/> Residential School | <input type="checkbox"/> Family Court |
| <input type="checkbox"/> Adult Sexual Assault | <input type="checkbox"/> Secondary Victim (assault, abuse) | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Historical Abuse | <input type="checkbox"/> Criminal Court File # _____ | <input type="checkbox"/> Housing Needs |
| <input type="checkbox"/> Supportive Recovery at the Transition House | <input type="checkbox"/> Supportive Recovery at KRS | <input type="checkbox"/> Other Related Reason: |

REFERRING AGENCY INFORMATION

Referring Worker: _____

TVAP File #: _____

Title: _____

Agency Name: _____

Community: _____

Phone: _____

Fax: _____

CLIENT: I give my permission for Ksan Society staff to contact me for an initial appointment: Yes No

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Referring Worker Signature: _____

Date: _____

OR Verbal consent from client: _____ Referring Worker Initials _____ Date: _____

Ksan Staff Notes: _____

Ksan File #: _____