



Nanaadawewenin Family Counselling Unit

Referral Form



The WFS Family Counsellor program does not duplicate services being provided at each of the 10 First Nations. This program is in no way meant to replace the Family Counsellor program that is funded at the community. The primary duties of the WFS Family Counsellors are to provide intensive brief counselling and/or services to children with multiple and/or complex needs and their families. Children in care that are currently presenting a need for treatment can also be referred to WFS Family Counsellors. Finally, WFS Family Counsellors will respond to any youth in the Rainy River District School System that are presenting as high risk. The WFS Family Counsellor program may at times provide group and/or family based programs that can be accessed by CCP Program or families.

Does the client/family's First Nation currently have a Family Counsellor on staff?

Yes _____ No _____

Client Name:	Referral Date:
D.O.B (M,D,Y):	File #:
First Nation:	Band Number:
Phone Number:	E-mail:

Client Mailing Address:

Street/Box:	Town:	Province:	Postal Code:

Parent/Guardian:

Name	Relationship
Phone/Fax #	Email Address

Referral Source:

Name	Agency Name/First Nation
Phone/Fax #	Email Address

Reason for Referral (Precipitating Circumstances):

Immediate Goal:

Outcome/Action:

Required Documentation

Please Attach and Check Box:

- CR-01-02
- Client Social History
- Tele-Health Consultations
- Educational Assessments
- Consent to Release Information
- Psychological Assessments
- Genogram

Client:	Date:
Client Guardian:	Date:
Referral Source:	Date:
Director of Nanaandawewenin:	Date: