Nanaandawewenin Family Counselling Unit
Referral Form

The WFS Family Counsellor program does not duplicate or replace services being funded and provided at each of the 10 First Nations. The primary duties of the WFS Family Counsellors are to provide intensive counselling services to children, youth, and their families who have multiple or complex needs. Children and youth who may be referred to WFS Family Counsellors include, but are not limited to, those in care, those living with their biological parents, those living within a First Nation community, those who do not live within a First Nation Community, as well as any students in the Rainy River District school boards who are experiencing mental or behavioural health issues. Please be aware that parent/caregiver participation is essential to the counselling process and the healing of your family.

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

Yes		**No**	

Is the child or youth currently in care with WFS or another child welfare agency?

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:

- Case Worker: _____

Name Agency Name/First Nation

_____

Phone/Fax # Email Address

Reason for Referral (Precipitating Circumstances):

Immediate Strengths and Needs:

Please attach any other important information/documentation and check box below:

❒	CR01-CR02
❒	Client's Social History
❒	Previous Psychological Assessments
❒	Previous Educational Reports/Assessment
❒	Previous Tele-mental Health Consult Reports
❒	Other Assessments/Screens
❒	Consent to Release Information
❒	Family Genogram

Client:	Date:
Client Guardian:	Date:
Worker:	Date:
Supervisor:	Date: