



Nanaadawewenin 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 brief counselling services to children, youth, and their families who are experiencing 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. The WFS Family Counsellor program may at times provide group or family based programs that can be accessed by CCP Programs and families.

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:
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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 Goal:

Outcome/Action:

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

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

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