REFERRAL FORM
YOUTH & FAMILY SERVICES

Thank you for your interest in the services provided by Alexandra Neighbourhood House at the Youth and Family Centre. These services are available to youth and families who reside in the South Surrey/White Rock area (South of 48 Ave and West of 196 Street).

Services available for referral are as follows:

One-to-One Youth Support (ages 13-18)
Services for youth who would benefit from support and skill building to move from adolescence to responsible adulthood, including youth who are street-involved, at-risk or otherwise vulnerable. This includes youth in or from government care, including Youth Agreements and Independent Living. Areas of support include education, employment, housing, transition to adulthood, pro-social skills, connecting to mental health supports, coping skills, life skills and increasing positive connections.

Parent-Teen Mediation (ages 13-18) ***Ministry of Children & Family Development Referral ONLY***
Up to 8 sessions for youth and families experiencing conflict. Mediation services can help re-integrate or maintain residing in the family home, resolve specific conflicts, improve communication and foster increased understanding.
Parents are also provided with information to further develop parenting skills, increase knowledge of community resources and access ongoing supports. Youth may receive youth worker supports as well.

One-to-One Family Support (with children ages 13 and under)
Up to 6 months of service for families with children 13 years and under who would benefit from individualized parenting information and support in order to develop their parenting skills and practices. Areas of support may include child development, family communication and relationships, collaborative problem solving, challenging behaviours, household management and community connections.

Please be advised of the following:
- Ministry of Children and Family Development (MCFD) referrals are given priority
- Youth and Family Workers are not therapists and may refer on to other professionals with more specialized training where appropriate
- If there is a waitlist for service, all efforts will be made to provide appropriate and additional resources
- Incomplete referrals may be returned to the referral source and may result in a delay of service

Sincerely,
The Team at the Youth and Family Centre

Complete the attached referral form and send it to:

Youth & Family Programs Coordinator
Email: referrals@alexhouse.net
Fax: 604-531-3873
Phone: 604-538-5060 ext.23
#1 – 15455 Vine Avenue, White Rock, BC V4B 2T3

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The information you provide on this form will be maintained as a confidential, secure record. Please fill out this form as thoroughly as possible, as it helps us provide the most appropriate service, and inform us of changes to contact information.

Referral Date (m/d/y): _____ **Date received (m/d/y):** _____
(office use only)

Service Requested ***(refer to cover page)***

☐ One-to-One Youth Support – ages 13-18
☐ Parent/Teen Mediation and Reunification (MCFD Referral Only)
☐ One-to-One Family Support – with children 13 and under

Youth/Child Information

Name:	Gender	Age	Date of Birth (m/d/y)	Phone:
Address:	City:		Postal Code:	Aware of Referral ☐ Yes ☐ No
Email:	Grade:		School:	Indigenous Heritage ☐ Yes ☐ No

Primary Caregiver/Contact Person

Name:	Gender	Age	Date of Birth (m/d/y)	Relationship to main client
Email:	Phone:		Alt. Phone:	Aware of referral ☐ Yes ☐ No
Address:	City:		Postal Code:	Indigenous Heritage ☐ Yes ☐ No

Additional Caregiver/Contact Person

Name:	Gender	Age	Date of Birth (m/d/y)	Relationship to main client
Phone:	Alt Phone:		Email:	
Address:	City:		Postal Code:	Indigenous Heritage ☐ Yes ☐ No

Living Situation

Who does the youth live with?

Additional Family/Household Members

Name	Age / Date of Birth	Relationship to Main Client

Referral Source Information

Name:	Agency:	Phone: Email:

Professional Involvement

Is the youth and/or family involved with MCFD or a Delegated Aboriginal Agency? ☐ Yes ☐ No
Is the youth on a Youth Agreement? ☐ Yes ☐ No
Is the youth currently receiving services or waitlisted with CYMH? ☐ Yes ☐ No

Please list all service providers connected to the youth/family:

Agency:	Worker:	Phone: Email:
Agency:	Worker:	Phone: Email:
Agency:	Worker:	Phone: Email:

Areas of Support *(please check all that apply and specify)*

☐ Challenging Behaviour	
☐ Communication Skills	
☐ Community Resources	
☐ Conflict Resolution	
☐ Employment	
☐ Health & Well Being	
☐ Housing	
☐ Life Skills	
☐ Mental Health	
☐ School	
☐ Social Skills	
☐ Substance Use	
☐ Other – *please specify*	

Reason for Referral/Goals of Service *(continue on next page if needed)*

Safety Concerns/Alerts for Service Providers

Additional Information

Please attach any relevant additional information.

2020 version. Please replace all older versions of this form

Alexandra Neighbourhood House
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www.alexhouse.net