

	NAME	PHONE NUMBER	EMAIL ADDRESS
Referral Source*	_____	_____	_____
Social Worker	_____	_____	_____

REFERRAL DATE: _____

*Relationship to client

CHILD/YOUTH INFORMATION

Child/Youth Name	Date of birth (day – month – year)	Gender M <input type="checkbox"/> F <input type="checkbox"/> NB	
Current Address	Home Phone #	Ethnic Background	Y <input type="checkbox"/> N <input type="checkbox"/> Indigenous?
Parent/Guardian Name	Relationship	Best way to contact you	
Address	Phone	Email	
Second Contact Name	Relationship	Phone	
Child could most benefit from a mentor of which gender? _____ Child and family agree to this referral? Y <input type="checkbox"/> N <input type="checkbox"/>			
Hobbies and Interests			

RISK FACTORS/REASONS FOR REFERRAL (check all that apply for the child/youth)

<input type="checkbox"/>	FAS	<input type="checkbox"/>	Language Barriers	<input type="checkbox"/>	Eating Disorder
<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Struggling in School	<input type="checkbox"/>	No Positive Role Model
<input type="checkbox"/>	Mental Health Issues	<input type="checkbox"/>	Suicidal Ideation	<input type="checkbox"/>	Physical Disabilities
<input type="checkbox"/>	Criminal Behavior	<input type="checkbox"/>	Self-harm/Cutting	<input type="checkbox"/>	Potential to Become At-risk
<input type="checkbox"/>	Family History of Struggles	<input type="checkbox"/>	Current Family Struggles	<input type="checkbox"/>	Siblings are struggling
<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Disconnected from Family	<input type="checkbox"/>	

Additional Reasons for Referral

KidStart is a 1-to-1 volunteer mentoring program for kids age 6-12. There is a waitlist for this program. Length of time on this list varies depending on the needs of the child and availability of a mentor.

For more information or if you have questions about the program, please phone 250-286-0611 in Campbell River or 250-338-7341 in Courtenay, or visit www.jhsni.bc.ca.

FAX completed form to 250-286-3650 in Campbell River or 250-338-6568 in Courtenay, or EMAIL mail@jhsni.bc.ca