

Barnett House Program Referral

FORM TO BE COMPLETED BY REFERRING PROFESSIONAL

Priority placement given to Campbell River MCFD clients.

Please mail/deliver Referral and Application forms to 140 10th Ave, Campbell River, V9W 4E3
or contact the program manager at 250-286-0611 to make other arrangements.

Referring Agency: MCFD Other (please specify) _____

Referring Person: Name _____

Phone _____ Email _____

Client's Name: _____

Does client have an MCFD Agreement? Yes No If yes, what type? _____

Date of Referral: _____

Why is Barnett House a good fit for this youth? Please use back of form if needed.

Any safety concerns/past incidents to be aware of (e.g. fire setting, violence, threats, trauma)?

Does client have any barriers to living independently (e.g. physical or mental health)? Explain.

To which other supports is the client connected? Please include the nature of their connection, and how long have they been connected.

How long is client expected to stay in the program?

What is the transition plan for this client when it is time to leave the program?

What supports or accommodations do you anticipate this client will require to be successful?

What urgent needs does this client currently have?