

Millan & Associates

File Name: _____ File #: _____

Date of Referral: _____ Branch: _____

Name of Referring Worker: _____ Telephone #: _____

Referring Worker's e-mail: _____

Name of Supervisor: _____ Telephone #: _____

Supervisor's e-mail: _____

Youth's Name: _____ D.O.B. _____ Age: _____

Gender: _____

Address: _____

Apartment # _____ Buzzer # _____

School: _____ Telephone #: _____

Language/religious considerations: _____

Is child currently residing with parents: Yes No

Kinship Agreement: Yes No

Is the child in care: Yes No

Date of Admission: _____

Current Status (SW, TCA etc.): _____

School: _____ Grade: _____

If child in care date of admission: _____

Current Status: (i.e. SW, TCA etc.) _____

Guardian Name: _____ Relation to Child: _____

Guardian Address: _____

Apartment # _____ Buzzer # _____

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Telephone #: _____ Cell#: _____ e-mail: _____

Cultural Background: _____

Counsellor Safety Concerns: No Yes (please list) _____

Workers have received consent from the following family members: Yes No

Precipitating events leading to the referral to the CWD – Short-term and relevant history:

What are the primary areas of focus with the child(ren) and parents:

Previous service providers/supports in place:

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For administration Only

Date Sent to Send for Pick up: _____

Consent Forms Attached: Yes No

Name of Counsellor Assigned: _____

Telephone #: _____