



## Referral Form

**Date of Referral:** \_\_\_\_\_ **Referral Source Name:** \_\_\_\_\_  
 Relationship to client: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Please contact referrer before family: Yes \_\_\_ No \_\_\_  
 Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Other Professional: \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

### Child/Youth Information:

Name: \_\_\_\_\_ DOB (Day/Month/Year): \_\_\_\_\_  
 Care Card # \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Male \_\_\_ Female \_\_\_ Transgender \_\_\_ Ethnic background \_\_\_\_\_ Aboriginal \_\_\_  
 Current Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Best way to contact you: \_\_\_\_\_  
 2nd Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

The child and family are aware of and agree to this referral? Yes \_\_\_ No \_\_\_

Details: \_\_\_\_\_

Hobbies/Interests \_\_\_\_\_

Gender of mentor that child could most benefit from? \_\_\_\_\_

### Risk Factors / Reasons for Referral:

<input type="radio"/> FAS	<input type="radio"/> Language Barriers	<input type="radio"/> Eating Disorder
<input type="radio"/> Homelessness	<input type="radio"/> Struggling in School	<input type="radio"/> No Positive Role Model
<input type="radio"/> Mental Health Issues	<input type="radio"/> Siblings are struggling	<input type="radio"/> Disconnected from Family
<input type="radio"/> Criminal Behavior	<input type="radio"/> Parent(s)/Guardians Struggling	<input type="radio"/> Physical Disabilities
<input type="radio"/> Family History of Difficulties	<input type="radio"/> Self-harm/Cutting/Suicidal	<input type="radio"/> Potential to Become At-risk

Reasons for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

KidStart is a 1-to-1 volunteer mentoring program for vulnerable children and youth ages 6-18. The waitlist for KidStart is 1 month to 2 years depending on the age and gender of the participant. Our experience is that KidStart mentors need to feel they can make an impact for the child they are mentoring. Children with significant cognitive impairments or children living in extremely chaotic families will require a mentor with a specific skill set and the wait for a match may be longer. If you are unsure about your client's suitability for the program, please contact Campbell River KidStart at 250-286-0611, Courtenay KidStart at 250-338-7341 or visit [www.kidstart.ca](http://www.kidstart.ca). Please provide as much contact information for the family/guardian and secondary contact as possible. Donations make up much of the funding for KidStart, so consider supporting the program by you or your office becoming a KidStart Champion! **Fax completed Campbell River referrals to 250-286-3650** or email to [tara@jhsni.bc.ca](mailto:tara@jhsni.bc.ca). **Fax Courtenay referrals to 250-338-6568** or email [wendyt@jhsni.bc.ca](mailto:wendyt@jhsni.bc.ca).