KHUTSEDZIK'E' JUSTICE SERVICES

COMMUNITY CARE & ADVOCACY

REFERRAL FORM

Rooted in Victim Support & Holistic Community Wellness

PART 1: REFERRAL INFORMATION

Date of Referral: _____

Referred By (Name & Department/Organization): _____

_____

Contact Information: _____

_____

Relationship to Community Member: _____

PART 2: COMMUNITY MEMBER INFORMATION

Full Name: _____

Preferred Name (if different): _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Safe Method of Contact:

◯ Phone ◯ Email ◯ Text ◯ Through Family ◯ Other: _____

_____

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PART 3: COMMUNITY CONNECTION (Optional)

Family/ Clan Connections (if relevant): _____

Preferred Language: _____

Elder/ Cultural Support Requested: ◯ Yes ◯ No

PART 4: SITUATION OVERVIEW (Brief Description)

Provide a respectful summary of the situation or concern: _____

_____

_____

_____

_____

_____

PART 5: IMMEDIATE SAFETY & WELLNESS CONCERNS

◯ Yes ◯ No

If yes, please describe: _____

_____

_____

_____

_____

_____

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PART 6: TYPE OF SUPPORT REQUESTED

Please check all that apply:

- ◯ Immediate Crisis Support
- ◯ Emotional Support/ Counseling
- ◯ Safety Planning
- ◯ Justice System Navigation (RCMP / Court Support)
- ◯ Assistance with Protection Orders
- ◯ Victim Impact Statement Support
- ◯ Housing/ Safe Shelter Support
- ◯ Financial/ Benefits Assistance Information
- ◯ Mental Health & Wellness Services
- ◯ Medical/ Health Services Referral
- ◯ Child, Youth & Family Support
- ◯ Elder Support & Guidance
- ◯ Cultural/ Traditional Healing Supports
- ◯ Land-Based Healing Opportunities
- ◯ Advocacy & Case Coordination
- ◯ Follow-Up & Ongoing Support
- ◯ Other (please specify): _____

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PART 7: WELLNESS & RISK CONSIDERATIONS

Check any that may impact support planning:

- ◯ Ongoing Safety Concerns
- ◯ History of Harm or Violence
- ◯ Mental Health Concerns
- ◯ Substance Use Concerns
- ◯ Social Isolation
- ◯ Housing Instability
- ◯ Other: _____

PART 8: CONSENT & RESPECTFUL PRACTICE

The community member has provided informed consent for this referral:

◯ Yes ◯ No

The community member would like to be contacted before services proceed:

◯ Yes ◯ No

Consent not obtained (please explain): _____

_____

_____

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PART 9: ADDITIONAL NOTES / CULTURAL CONSIDERATIONS

Include any preferences, protocols, or supports that should be respected: _____

_____

_____

_____

PART 10: FOR COMMUNITY CARE TEAM USE ONLY

Intake Completed By: _____

Date Contacted: _____

Follow-Up Actions / Care Plan: _____

Confidentiality & Cultural Respect Statement:

This form is intended to support the safety, dignity, and wellness of Kwadacha Nation community members. All information shared is confidential and will be handled with respect, cultural awareness, and in alignment with community values and trauma-informed practices.

Submit Form to: c.carbert@kwadacha.com

or mail to: Kwadacha Nation - 2221 Quinn Street South, Prince George, BC V2N 2X4

Questions to: khutsedzike@kwadacha.com