General Request for Services & Referral Form

*Clients are not required to fill out all information in this form to make a service request.
Program staff complete thorough intake of client information once appropriate program fit & waitlists are considered.

Client Name:	DOB:
Gender:	Preferred Pronouns:
Guardian Name for contact purposes:	Consent if client is under 19 years*: Yes ☐ No ☐ *A child who is a mature minor and understands the risks & benefits of service does not require guardian consent
Guardian Preferred Contact:	
Guardian Phone:	Guardian Email:
Client Cell Phone:	Client Alternate Phone:
Client Email:	
Client Home Address:	
Client Mailing Address (If different):	
Is it safe to contact at home? ☐ Yes ☐ No If no, where can contact be made:	
Are there any safety concerns? ☐ Yes ☐ No If yes, explain details:	
Emergency Contact Name:	Phone:
Are there additional support in place? (family, friends, outside community, etc.)	

If applicable

Check ☑ appropriate receiving program(s) to receive referral:

☐ PEACE	☐ STV Outreach	☐ STV Counselling	☐ Safe Home/Shelter	☐ Men's Support
☐ CYMH	☐ Victim Services	☐ Infant Development	☐ Sexual Assault Response	☐ Literacy
☐ Employment	☐ Family Support	☐ Child Development	☐ Better At Home Seniors	

☐ Other RVCS Internal: _____ ☐ Other External: _____

☐ Email sent to staff member of referred program(s) ☐ Original referral filed in staff mail slot or directly handed to them

OFFICE ADMINISTRATIVE USE

*Once appropriate program is identified, program staff who've received this request/referral are responsible for completing all information in this form and obtaining approval from their program manager or manager on duty before beginning intake.

Date of Service Request/Referral:	Referral Source (self, external agency or internal RVCS program):
Describe the reason for service request/referral:	

Scheduled Date of Intake:	Intake Staff:
Describe challenges or concerns to be addressed:	
Expected outcomes of involvement in the program:	

Name of RVCS Program Staff Completing Form:	**Approval of RVCS Supervisor/Manager:**

If you are currently in a crisis, and require immediate assistance, please call 911

Client information will be kept confidential subject to: 1) cases where a child is in need of protection; 2) cases where a client indicates that he/she is a danger to him/herself or others; and 3) cases where agency staff are required by law to testify in court.

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