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 will complete intake of client information once appropriate program fit & waitlist is considered.

Client Name:	DOB:
Gender:	Preferred Pronouns:
Guardian Name for contact purposes (If applicable):	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. Staff are to complete a mature minor form.
Guardian Preferred Contact (If applicable):	
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:
Describe the reason for service request/referral:	
Are there additional supports in place? (family, friends, outside community, other service providers, etc.)	
Is there additional information to help make services more accessible? (religion, culture, language, physical ability, transportation, etc)	

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 an 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):

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

☐ Client received Client Handbook* (via email preferred)
Client initials of receipt: ☐

☐ Client received Program Information Sheet(s)*
Client initials of receipt: ☐

** Program workers must review the Client Handbook and Program Information Sheet with clients and allow for questions*

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.