

## MSS Direct Referral to CFS Regina – Counselling Services

This referral form must accompany a Support Services Contract from the Ministry of Social Services

### Family Info

Mother: \_\_\_\_\_ DOB: \_\_\_\_\_ Father: \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Mother \_\_\_\_\_

May We Contact:  Yes  No

Father \_\_\_\_\_

May We Contact:  Yes  No

Children's Names

Date of Birth

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Agency Involved?  Yes  No

If so, which ones?

Presenting Problem:

**Are addictions, mental health or domestic violence an issue? Please explain.**

**Are children in care?**  Yes  No **If so, how long?** \_\_\_\_\_

**Pertinent facts about family members (is child adopted, blended family, etc.)**

**Date of Referral:** \_\_\_\_\_ **Referring Worker:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Client(s):** \_\_\_\_\_

**Is client aware of referral?**  Yes  No