

Please review program referral criteria prior to submission:

- We only accept referrals for clients that reside in Surrey, Delta, Langley and White Rock.
- For specific language support, we only accept referrals for the following languages: Arabic, Mandarin, Hindi, Punjabi, Urdu and Spanish.
- We do not provide counselling services for individuals who present with acute psychiatric disorders and severe emotional problems such as psychosis, schizophrenia, bipolar disorder or other moderate to severe medical conditions. Please refer these clients to Surrey Memorial Hospital.
- We do not provide crisis response services, if you are in crisis, please contact Fraser Health Crisis Line at 604-951-8855 or BC Crisis Line at 1-800-784-2433.
- Incomplete forms will not be accepted. Fields with * are required.
- A referral does not guarantee service. All referrals are screened at intake.

Section 1: Client Information

*First Name: _____ Gender: _____ *Date of Birth: _____ *Phone: _____
 *Last Name: _____ DD/MM/YYYY _____ *Can we leave a message? Yes No
 Caregiver/Guardian Name (if applicable): _____ Email: _____
 *City of residence: _____ *Client Immigration Status: _____ *First language: _____ *Preferred Language of Service: _____

Section 2: Reasons for Referral

*Please share any relevant information for the reason for referral:

Support is required in the following areas: *(Please check all that apply)*

Depression	Suicidality	Connection and relationships
Anxiety	Self-harm	Parenting
Emotional and psychological trauma	Family counselling	Attachment
Substance use and/or addiction	Family conflict and/or violence	

Section 3: Referral Source Information

(Please do not fill out this section if you are a client and/or self-referring.)

Name: _____ Relationship to client: _____ Agency (if applicable): _____

Phone: _____ Email: _____

*Please confirm that the client has consented to this referral: Yes No

If not, please explain:

***PERSONAL INFORMATION COLLECTION STATEMENT:** In order to serve you, we are required to collect personal information for registration and access to all DIVERSEcity services and report on services to our funders. All collected information is maintained confidential and all collected information is stored in a password protected database in Canada. I Agree I Do Not Agree

Referral Guidelines

- If you require notice of intake and assignment, please check back within 2-4 weeks by calling us at 604-547-1202 or email intake@dcrs.ca.
- Please note that any additional information sharing requires a client's consent.
- Please email the completed form to intake@dcrs.ca or fax to 604-597-0488.