





# FIRST STEPS EARLY YEARS REFUGEE PROGRAM REFERRAL FORM

First Steps Office Use Only

Referral Received Date: Screening Completion Date:

Staff Assigned:

Assigned By:

Date Assigned:

### **Section 1: Parent/Guardian Information**

Parent/Guardian Name (First & Last Name):	Gender:	Date of Birth:	Phone Can w	e: ve leave a message?	Yes	No		
		DD/MM/YYYY	Email	ł:				
Address:	City:	Province:	Posta	l Code:				
Preferred Language of Service:	Cultural Background:			How comfortable is the client with service in English? Not comfortable at all Slightly comfortable Comfortable Very comfortable				
Section 2: Children's Information								
Name			Gender	Date of Birth				

### **Section 3: Migration Experience**

Year of arrival in Canada:	Refugee Resettlement Program:	Citizenship Status:
	Government-Assisted Refugees	Canadian Citizen
	Privately Sponsored Refugees	Permanent Resident
	Blended Visa Office Referral (BVOR)	Refugee Claimant
	Other:	Other:







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Section 4: Reasons for Referral (optional)

## **Section 5: Referral Source Information**

(Please do not fill out this section if you are self-referring.)

Name:	Relationship to client:	Agency	(if applicable):
Phone:	Email:		
Please confirm that the parent/guardian has consented to this referral:		Yes	No

If not, please explain:

How did you hear about our services?

#### **Referral Guidelines**

- Incomplete forms will not be accepted.
- A referral does not guarantee service. All referrals are screened at intake.
- If you require notice of intake and assignment, please call 604-547-2003 or email childrensprograms@dcrs.ca.
- Please note that any additional information sharing requires a client's consent.
- Please email completed form to childrensprograms@dcrs.ca

#### **First Steps Centres**

Tel: 604-547-2003 | dcrs.ca/firststeps Newton location: #201 – 7380 King George Boulevard, Surrey, BC V3W 5A5 Guildford location: #208 – 14888 104 Avenue, Surrey, BC V3R 1M4