WMWC Inter-Agency Referral Form

Date: _____

Referring Agency: _____ **Worker**: _____

Phone Number: _____ **Email**: _____

Referral for Program:

☐ Counselling (Adult)
☐ Counselling (Child/Youth)
☐ Community Engagement/Advocacy
☐ Drop-In
☐ Empowered Traditions
☐ Other: _____

Reason(s) for referral: *(please check all that apply)*

☐ Intimate-Partner Violence
☐ Family Violence
☐ Safety Planning
☐ Protection Order Application
☐ Third Party Reporting
☐ Support Group
☐ Other: _____

Please explain how you believe that WMWC services may benefit the individual/child(ren):

_____

_____

_____

_____

_____

_____

Client Information

Name: _____ DOB: _____

Address: _____ Lives with: _____

Phone number: _____ Email: _____

Is it safe to contact or leave a message for the client? *Phone* __Yes __No *Email* __Yes __No

Please complete if referring children: *(Note: Child/Youth Counselling services are available for children ages 6 and up)*

Child's Name: _____ DOB: _____

Concerns: _____

_____

Child's Name: _____ DOB: _____

Concerns: _____

_____

Who has legal custody of the child(ren)? _____

Are there immediate safety or protection concerns for the individual/family? ☐ Yes ☐ No

Is the individual/family connected with a CFS agency? ☐ Yes (☐ Protection ☐ Voluntary) ☐ No

If yes, which agency? _____

Worker: _____ **please attach the current case plan*

Risk Factors:

☐ Unsafe housing or living arrangements
☐ Living rurally
☐ Recent separation from abusive person
☐ Escalation of abuse
☐ Involvement in the legal system
☐ Financial stress
☐ Breaches of court orders
☐ Mental Disorder diagnosis
☐ Substance Use
☐ Food insecurity
☐ New to Western Manitoba
☐ Pregnancy

Additional agencies the individual and/or child(ren) are connected with:

1. _____
2. _____
3. _____
4. _____

Briefly describe the referring agency's connection to the individual/child(ren):

_____

_____

_____

_____

Additional Information:

_____

_____

_____

_____

*Please email completed form to luciaa@wmwc.ca **and** kelsey@wmwc.ca, and attach a signed Release of Information and additional relevant documents (court orders, protection order, case plan, police report, etc.)*

To be completed by WMWC staff:

Referral for Program: Counselling ___ Advocacy ___ Other: _____

Contacted by: _____ Date: _____

Information given: _____

_____