



4260A/4260B 10th Avenue, Port Alberni BC V9Y 4X3

Phone: 250-724-6166

E-mail: [referral@adaps.org](mailto:referral@adaps.org)

### REFERRAL REQUEST

DATE OF REFERRAL:	NAME OF CHILD/YOUTH REFERRED: PRONOUNS:	DOB: PHN:
REFERRED BY:	EMAIL:	PHONE:
PERSON TO CONTACT FOR INTAKE: RELATIONSHIP TO REFERRED:	EMAIL:	PHONE:
CAREGIVER(S): ADDRESS: PHONE: <span style="float: right;">OK TO CONTACT: No <input type="checkbox"/> Yes <input type="checkbox"/></span>		
<b>IF CONNECTED/REFERRED TO OTHER SERVICE(S) PLEASE NOTE:</b>		

**SERVICE(S) REQUESTED:**

- ISE (Intensive Support & Engagement): *Range of individual supports - ages 12+ and their caregivers (Referral must come from an MCFD Social Worker)*
- SAIP COUNSELLING (Sexual Abuse Intervention & Prevention): *Clinical Counselling - ages 3-18*
- YOUTH WELLNESS COUNSELLING: *Low barrier counselling for youth experiencing situational distress - ages 10-21*
- SUBSTANCE USE COUNSELLING: *Youth & Family affected by SU - ages 12-21*
- SU PREVENTION: *Support, Prevention, Education & Harm Reduction - ages 12-21 & caregivers*
- LGBTQ2+ SUPPORT: *Groups & one-one support & counselling for Youth who are LGBTQ2+ and their Caregivers*

**GROUPS:**

- CREW: *After school social rec program for younger youth with 2 or more risk factors - ages 10-12*
- GIRLS SPEAK OUT: *Wellness & Support - Healthy Relationships, SU, Mental Health girls - ages 14-18*
- WILDE YOUTH: *Fun & Social group for LGBTQ2+ open for drop in - ages 13-17*
- GENDER JOURNEYS: *Support & Education: Trans, Queer, Non-Binary, Two Spirit - ages 13-19*
- SHIFT HAPPENS: *Youth Making Changes around Wellness, SU, Goal Setting for change - ages 14-17 (drop in)*

Individual Service Needs or Considerations: (physical, language, communication, trauma) <input type="checkbox"/> None known <input type="checkbox"/> Yes (please indicate and describe):
Cultural background of person served:
Cultural service needs:
Reason for Requesting Service (please provide as much relevant information as possible):

Known risk factors for staff engaging with this client (e.g., physical, or aggressive behaviour, threats made by others to client): No  Yes

If yes, please provide relevant info in a separate email or phone call.

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**Internal Use/Intake Planning – Referral Sent to:**  ISE  Youth Wellness  Substance Use  Prevention  
 Girls Speak Out  Wilde Youth  Gender Journeys  LGBTQ2+ Support  SAIP  CREW  Shift Happens  
 Date Sent: