



SECWÉPEMC CHILD & FAMILY SERVICES

"Strengthening our Children, Families and Communities"

Referral for Jordan Principal Coordinator

Referral Completed by: _____ P# _____ Date: _____

How Urgent is this Request? 0 1 2 3 4 5 6 7 8 9 10 (Very Urgent)

Guardian(s) Name:	Guardian(s) Name:
First Nations/Inuit Community	Non-Status <input type="checkbox"/> Status #
Telephone: Email:	Address:
Child/Youth name:	DOB: Gender:
First Nations/Inuit Community	Non-Status <input type="checkbox"/> Status #
Child's Address if different from above	<input type="checkbox"/> Resides on Reserve <input type="checkbox"/> Off reserve
Child's/Youth name:	DOB: Gender:
Child's/Youth name:	DOB: Gender:

Brief Description of the needs of the child/children?

Is the Family aware of this referral? Yes No

Please submit referral form to
Marsha Spinks, Jordans Principal Coordinator
Secwepemc Child & Family Services
Work: 250 314 9669 Fax: 236-421-1620
Email: jp@secwepemcfamilies.org