



# Denisiqi Services Society

## Request for Outreach Services Form

### SERVICES:

- |  |   |
|--|---|
| <input type="checkbox"/> BASIC NEEDS           | <input type="checkbox"/> SCHOOL SUPPORT           |
| <input type="checkbox"/> LIFE SKILLS           | <input type="checkbox"/> PEER SUPPORT             |
| <input type="checkbox"/> WRAP AROUND SUPPORTS  | <input type="checkbox"/> HARM REDUCTION SUPPORT   |
| <input type="checkbox"/> PROSOCIAL CONNECTIONS | <input type="checkbox"/> BODY IMAGE AND NUTRITION |
| <input type="checkbox"/> HEALTHY RELATIONSHIPS | <input type="checkbox"/> CULTURAL CONNECTION      |

***Outreach services provide relational-based support designed to help reduce barriers and address individual needs of young people between the ages of 12-18.***

### Individual Referred

Last Name		First Name		Initial	Date of Referral:
Address (including postal code):				Home/Cell Phone: Youth or Guardian (Please circle one)	
				Email:	
Date of Birth:		Age:		School: Grade:	
Status: Yes <input type="checkbox"/> No <input type="checkbox"/>		Urban <input type="checkbox"/>		Affiliated Band:	
Metis: Yes <input type="checkbox"/> No <input type="checkbox"/>		Rural <input type="checkbox"/>			
Parent/Guardian Name:					
Has Parent/Guardian been Notified Prior to Referral <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has Youth been Notified Prior to Referral <input type="checkbox"/> Yes <input type="checkbox"/> No					
Reason for request:					
Please list other community-based supports that you are aware of:					

### Referral Source

Referral Source Name:	Referral Source/Agency (if any):
Contact Number:	Email Address:

Please return to DSS Linda Bingham Fax: 250-392-6501 Email: [lindab@denisiqi.org](mailto:lindab@denisiqi.org) Thank you!