



Boys & Girls Club  
of Cochrane & Area

A Good Place To Be

### Community Based Referral/Self-Referral Community Support Services

|   |  |
|---|--|
| Referral Date   |  |
| Referral Source<br>(who is making the referral)   |  |
| Referral Source<br>Phone # and/or<br>Email  |  |
| <b>Client Information</b>   |  |
| Name(s)   |  |
| D.O.B.  |  |
| Present Address/<br>Placement   |  |
| Who does this<br>individual live<br>with?   |  |
| Parent/guardian<br>contact information<br>(if client is under<br>18)                              |  |
| Current School<br>Placement. How is<br>this individual<br>doing in school?                        |  |
| Work Placement (if<br>applicable)   |  |
| Does this<br>individual have any<br>current community<br>connections?<br>Clubs, teams,<br>groups? |  |



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| Health/Mental Health Information or concerns  |  |
| Are there other agencies or persons working with this individual and/or their family? |  |
| Are there any behavioural problems that you are concerned about?                      |  |
| Please describe this persons social/peer interactions                                 |  |
| Drug/alcohol use history  |  |
| Interests/hobbies   |  |
| <b>Service Goals/Objectives/Reasons to access supports</b>                            |  |
| Presenting Issues – what has led you to make this referral?                           |  |



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| Do you feel that this individual will be open to receiving support?                       |  |
| What are some outcomes that you hope to see come from the support of our outreach worker? |  |
| Anything else that you think we should know?  |  |

Questions or concerns about the referral process? Please don't hesitate to contact our Outreach Worker Kevin McConnach at 403-618-3149 or email [youtreach@bgccochrane.ca](mailto:youtreach@bgccochrane.ca)