



Kids in Control & Teens in Control Referral Form

Kids and Teens in Control are support and education groups for young people who have a family member (e.g., parent, sibling) with mental illness. The groups help youth better understand and cope with mental illness in their family. Please note that Kids and Teens in Control are *not* counselling or therapy groups.

Referrer Information

Referrer
(Person making
the referral):

Name _____ Agency (if applicable) _____

Phone Number: _____ Email Address: _____

Primary Parent or Guardian Information

Name/s: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Address: _____
Street Address _____ *Apartment/Unit #* _____

_____ *City* _____ *Postal Code* _____

Relationship to Participant: _____

Emergency Contact Name: _____ Phone: _____

May we contact the parent directly? Yes No

Participant Information

Name of child or youth:

First _____ *Last* _____ *Preferred Name* _____

Birth Date: _____ Age: _____

Gender: _____

Address: _____
Street Address _____ *Apartment/Unit #* _____

_____ *City* _____ *Postal Code* _____

Phone Number: _____ Email: _____

May we contact the youth directly? Yes No
(For youth ages 12+)

Siblings : Yes No If yes, age/s: _____

Family member experiencing mental illness (parent/sibling/other): _____ Diagnosis (If known): _____

Participant's level of awareness of mental illness: _____

Additional Information

Please describe any allergies, medical conditions or medications facilitators should be aware of:

Who is part of the participant's support system?

What are the participant's favourite activities and interests?

What do you hope the participant will gain from taking part in Kids or Teens in Control?

Additional information or concerns:

Form completed by:

Date:

Protection of Information

Our Commitment to Security

We have put in place physical, electronic, and managerial procedures to safeguard and help prevent unauthorized access, maintain data security, and correctly use the information we collect online. The Company applies security safeguards appropriate to the sensitivity of the information, such as retaining information in secure facilities and making personal information accessible only to authorized employees on a need-to-know basis.

Storage of Information

Personal information you share with us is stored on our database servers at Company data centres (in whatever country they may be located), or hosted by third parties who have entered into agreements with us that require them to observe our Privacy Policy.

Please return forms by fax or email

Shelley Jensen, RPC: Kids&Teens in Control Programs Lead Coordinator

Phone: 604-679-1191

Email: kicfrasernorth@bcss.org

Please email or call before faxing

Fax: 604-270-9861

For additional questions or concerns, please contact

Marla Gonzalez Plasencia: Kids & Teens in Control Program Manager

Phone: 604-270-7841

Email: kicmanager@bcss.org