



Kids and Teens in Control Referral Form

Kids and Teens in Control are support and educational groups for children and youth who have a loved one (e.g., parent, sibling, friend) with a mental illness or substance use disorder. The groups help youth better understand and cope with mental illness in their family.

Please note, Kids and Teens in Control are not counselling or therapy groups.

Referrer Information

Referrer: _____
Person making the referral's name:

Phone number: _____ Email address: _____

I'd like updates about future programs and resources: Yes No

Please select the option that best describes your position:

Parent or guardian of participant MCFD or CYMH employee Medical professional

Teacher or school employee BCSS staff Other: _____

Primary Parent or Guardian Information

Name(s): _____

Phone number: _____ Email address: _____

I'd like updates about future programs and resources: Yes No

Relationship to participant: _____ Alternate phone number: _____

Address: _____
Street Address *Apartment/Unit Number*

_____ *City* *Postal Code*

Emergency Contact *(if different than contact listed above)*

Name: _____ Phone Number: _____

Participant Information

Name: _____

Pronouns: She/Her He/Him They/Them Other: _____

Phone number: _____ Email address: _____

May we contact the youth directly? Yes No

**Contact with participants is limited to emails about upcoming programs, events and updates.
Two facilitators are included in all direct contact with youth whenever possible.*



Participant Information (continued)

Birth date: _____ Age: _____ School Grade: _____
MM/DD/YYYY

Siblings: Yes No If yes, age(s): _____

Address: _____
Street Address Apartment/Unit Number

_____ *City Postal Code*

Family member experiencing mental illness: _____
e.g., sibling, father, mother, aunt, uncle, friend

Diagnosis: (if known) _____

Participant's level of awareness of mental illness: _____

Additional Information

Please describe any allergies, medical conditions, or medications that 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 and Teens in Control?

Additional information or concerns:

Form completed by: _____ Signature: _____

Date: _____

Internal BCSS Youth Office Use Only

Form received by: _____ Signature: _____

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

Email: info@bcssyouth.org

Fax: 604-270-9861

Please email or call before faxing

Mary Beth Hall

BCSS Youth Program Manager

Phone: 236-336-0917

Email: manager@bcssyouth.org

Kayla Arnold

BCSS Youth Program Coordinator

Phone: 778-839-1458

Email: manager@bcssyouth.org