**Family and Settlement Services**
Community Action Plan for Children (CAPC)
5575 Boundary Rd. Vancouver BC V5R 2P9
T. 604.254.9626
F. 604.254.9636

# CAPC Referral Form

All information contained in this document is **strictly confidential.**

| REFERRAL # (CAPC Program Use Only) | |
|---|---|

DATE OF REFERRAL: _____

## FAMILY INFORMATION

| PARENT/CAREGIVER'S NAME | NUMBER OF CHILDREN UNDER 5 YEARS OLD |
|---|---|
| | |
| PARENT/CAREGIVER'S PHONE NUMBER | AGE(S) OF CHILD/CHILDREN |
| | |
| PARENT/CAREGIVER'S EMAIL ADDRESS | LANGUAGE(S) SPOKEN AT HOME |
| | ☐ Korean ☐ Vietnamese |
| HOW LONG HAVE YOU BEEN IN CANADA * Optional | ENGLISH LEVEL * Optional |
| | ☐ Fluent ☐ Intermediate ☐ Limited |

☐ This is a self-referral. (Please skip "Referral Source Information" below.)

☐ If this is a referral from a third-party agency, please check if the client has consented to the referral.

## REFERRAL SOURCE INFORMATION

| REFERRED BY (NAME) | PHONE NUMBER |
|---|---|
| | |
| ORGANIZATION | EMAIL ADDRESS |
| | |

## NOTES

* Please email the completed referral form to capc@mosaicbc.org or fax it to 604-254-9636 or give it to a CAPC facilitator.

- **Korean group**
  Hyeran Lim
  hlim@mosaicbc.org
- **Vietnamese group**
  Mai Hoang
  mhoang@mosaicbc.org

Original Date: 22nd November 2023
Revised Date: 2nd April 2024