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**
  capc@mosaicbc.org

Original Date: 22nd November 2023
Revised Date: 2nd October 2025