 Health & Wellness Program

Community Mental Health, Aboriginal Child & Youth Mental Health, Addictions Recovery Program, Indian Residential School Program (IRSS), Atsoo, Cultural Support

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**Our Offices:**

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| Burns LakePh. (250) 692-2387**Referral emails:****Community Mental Health -** **communitymhreferral@csfs.org****Child and Youth Mental Health –** [**cymhreferral@csfs.org**](file:///C%3A%5CUsers%5Cfdemers%5CDesktop%5Ccymhreferral%40csfs.org) | Fort St. JamesPh. (250) 996-7640 | VanderhoofPh. (250) 567-2900 | Prince GeorgePh. (250) 564-4079 |

Referral Form: For Family & Individual Services

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| Individual Seeking Support:  | Date of Birth:  |
| Home Address:  |
| Primary First Nation/Band: | Home Community: |
| Home Phone:Cell Phone: | Mailing Address:(if different than home) |
|  Parents/Legal Guardians (if client is a minor):   |
| Other people in the home (eg. partners, parents, siblings, children): |
| Please list any other adults involved (if applicable): |
| Other Children (if applicable): |
| Reason for this Referral:  |
| Is this a request for Tele-health/Video conference services? |  [ ]  Yes |  [ ]  No |
| Is client/family involved aware that this referral is being made? | [ ]  Yes  |  [ ]  No |

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| **Service referred to:**[ ]  **Community Mental Health**[ ]  **Child and Youth Mental Health**[ ]  **Addiction Recovery Program** [ ]  **IRSS**[ ]  **Nanki Nezulne (2SLGBQT+)**[ ]  **Sexual Violence Support Program**[ ]  **Atsoo Program**[ ]  **Cultural Support** |
| **Referral comes from:** |
| Name:  |
| Agency: |
| Signature: |

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| **Confirmation of Referral Received (For HAWP Use only) Complete and send a copy back to referral source** |
| Employee: | Date: |
| Signature: | Phone Number: |