|  |  |
| --- | --- |
|  | CSFS Nanki Nezulne (Our Two Spirits): Adult (18+) LGBTQ2+ Health and Wellness Services Referral Form |

# Referral Form: For Individual Services

## Individual Seeking Support

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date of Birth: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary First Nation/Band: |  | Home Community: |  |

## Referral

|  |  |
| --- | --- |
| Is client the client aware that this referral is being made? Yes NoReason for this referral:  |  |

## Referral Comes From

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Title: |  |
| Agency: |  | Date: |  |
| Phone Number: |  |
| Email: |  |
| Signature: |  | Date: |  |

## Program Contacts

**Hunter Brazzoni: Special Projects-Resource and Inclusion (Program Coordinator)**

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**Please Note: Clients can also access this program directly by calling one of the people listed above.**