



Denisiqi Services Society

Programming Referral Form

SERVICES:

- | | | |
|--|---|--|
| <input type="checkbox"/> ICE HOCKEY | <input type="checkbox"/> BALL HOCKEY | <input type="checkbox"/> FAMILY WELLNESS |
| <input type="checkbox"/> LAND BASED ACTIVITIES | <input type="checkbox"/> EQUINE/HORSE THERAPY | <input type="checkbox"/> SUMMER DAY CAMP |
| <input type="checkbox"/> ADULTING:101 PROGRAM | <input type="checkbox"/> PATHWAYS PROGRAM | <input type="checkbox"/> MENS WELLNESS |

Individual Referred

Last Name		First Name	Initial	Date of Referral:
Address (including postal code):			Home/Cell Phone:	
			Email:	
Date of Birth:	Age:		School:	Grade:
Status: Yes <input type="checkbox"/> No <input type="checkbox"/>			Affiliated Band:	
Metis: Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Minor, Parent/Guardian Name:				
Parent/Guardian Email:				
Has Parent/Guardian been Notified Prior to Referral <input type="checkbox"/> Yes <input type="checkbox"/> No				
Comments:				

Referral Source

Referral Source Name:	Referral Source/Agency (if any):
Contact Number:	Email Address:

Please return to DSS Shannon Stump Fax: 250-392-6501 Email: shannon@denisiqi.org Thank you!