



**MÉMIYELHTEL**  
**INDIGENOUS MENTORSHIP PROGRAM**  
**REFERRAL FORM**



#18 – 7201 Vedder Road Chilliwack, B.C. V2R 4G5 Email: youth@stolonation.bc.ca	<b>Date of referral:</b>	<b>Date file opened:</b>
<b>Referral Completed by</b> <i>(name &amp; relationship to youth):</i>	<b>Contact</b> <i>(phone/email):</i>	<b>Youth/family aware of referral?</b> Y <input type="checkbox"/> / N <input type="checkbox"/>

**YOUTH INFORMATION**

<b>Name:</b>		<b>M</b> <input type="checkbox"/> / <b>F</b> <input type="checkbox"/>
<i>(Last)</i>	<i>(First)</i>	<i>(Gender)</i>
<b>DOB:</b> <i>month/day/year</i>  /       /	<b>Parent(s)/Guardian(s):</b>	
<b>Guardianship Status:</b>	<b>Lives With:</b>	
<b>Address/Currently Residing at:</b>	<b>Contact Information</b> <i>(Parent/Guardian):</i> <b>Home/Mobile Phone:</b> <b>Work Phone:</b> <b>Email:</b>	
<b>Youth Contact</b> <i>(phone/email/fb):</i>	<b>Indigenous Ancestry</b> <i>(FN/Metis/Inuit):</i>	
<b>Band</b> <i>(if applicable):</i>	<b>Status #:</b>	
<b>Personal Health #</b> <i>(PHN):</i>	<b>Emergency Contact</b> <i>(name/number):</i>	
<b>School &amp; Grade:</b>	<b>School Contact Person(s):</b>	

**REFERRAL INFORMATION**

<b>Reason(s) for referral</b> <i>(presenting issues/risk factors)</i> , including current/previous interventions and supports <i>(be specific):</i>
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**Youth's strengths and interests:**

**Other relevant information** (*I.e., things to be mindful of*):

**Desired Outcomes:**

**Other Supports/Resources**

*(I.e., Social Worker; A&D Worker; Probation Officer; Counsellor; etc...)*

<b>Name &amp; Role</b>	<b>Agency/School/Community</b>	<b>Contact</b> ( <i>phone/email</i> )

**Referral Received:**

**Assigned to:**