

Wahkohtowin Strengthening Families Program

REFERRAL FORM – Ka Ni Kanichihk

Referring Agency:	
Your Name:	Relationship to person being referred:
Phone Number:	Cell Number:
Email:	
Date Referred:	
Person's Information	
Name:	
Age:	
Preferred method of contact: <input type="checkbox"/> cell phone <input type="checkbox"/> home phone <input type="checkbox"/> email	
Contact info:	
Reason for Referral:	
I confirm that _____ (referral's name) has given me permission to share his or her personal information with Ka Ni Kanichihk. Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are Ka Ni Kanichihk staff permitted to leave a message identifying ourselves at referral's preferred method of contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Signature: _____ Date: _____

*Please scan and email or fax completed forms to:

Ka Ni Kanichihk Inc.
Attn: Wahkohtowin SPF
Fax: 204.953.5824
Email: jlidster@kanikanichihk.ca