



Aboriginal Family Services

Development and

## Aboriginal Family Connections Program

1005 2nd Street  
Castlegar, BC V1N 1Y4  
Ph. [250-231-4968](tel:250-231-4968)  
Email. [coinations@gmail.com](mailto:coinations@gmail.com)  
Website. [www.coinations.net](http://www.coinations.net)

### Referral Form

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**Admin. Purposes only**

Date of referral: \_\_\_\_\_

Referred by: \_\_\_\_\_

Agency: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address/email: \_\_\_\_\_

Phone (please check the box if it is ok to leave a message):

Home: ☐ \_\_\_\_\_ Work: ☐ \_\_\_\_\_ Cell: ☐ \_\_\_\_\_

Client nation(s): \_\_\_\_\_

Foster Parent(s): \_\_\_\_\_

Address/email: \_\_\_\_\_

Phone (please check the box if it is ok to leave a message):

Home: ☐ \_\_\_\_\_ Work: ☐ \_\_\_\_\_ Cell: ☐ \_\_\_\_\_

Family Members:      Gender:      Birthdate:      Relationship:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Other Agencies involved/contact information: \_\_\_\_\_

\_\_\_\_\_

Special Considerations: \_\_\_\_\_

\_\_\_\_\_

Specific Cultural/Spiritual practices: \_\_\_\_\_

\_\_\_\_\_

Referral Notes (reason for referral/specific information):

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