ɬaʔamɪn
TLA'AMIN NATION

4779 Klahanie Road
qathet, BC V8A 0C4
604-414-3221

Department of Education/Čuy & Youth Counselling Referral Form

Today's Date:	**Referral Date:** (clinician will compete)	
čuy /youths Name:	Is the čuy /youth ɬaʔamɪn? Yes/no	
Is čuy or youth aware of this referral? Yes/No	Are caregivers aware of this referral? Yes/No	
Who made this referral? Contact info:	DOB: (YYYY/MM/DD) Age: Gender: Pronouns:	
Is the čuy or youth seeing any other counsellors? • In community Yes/No Name: • out of community Yes/No Name:		
Who should I contact initially about this referral? (ie: parents, guardians, čɛpθ, youth) Contact info:		
Please tell me more about this family. What types of things are this family dealing with? What is working well for them, what are their strengths?		
Legal guardian's name: (if applicable)	Relation to čuy/youth:	
Legal guardian's contact information Address:	Home phone: Cell phone: Email:	
School Name:	Grade:	IEP: Yes or no
Reason for Referral:		

Submit completed form to Čuy and Youth Counsellor, Shelley Chaney at shelley.chaney@tn-bc.ca