



**CSFS Nanki Nezulne  
(Our Two Spirits): Adult (18+)  
LGBTQ2+ Health and Wellness  
Services Referral Form**

**Referral Form: For Individual Services**

**Individual Seeking Support**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City Province Postal Code*

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

Primary First Nation/Band: \_\_\_\_\_ Home Community: \_\_\_\_\_

**Referral**

Is client the client aware that this referral is being made? Yes  No

Reason for this referral:

**Referral Comes From**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Program Contacts

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**Please Note: Clients can also access this program directly by calling one of the people listed above.**