



## Referral Form

### Eligibility Requirements:

- Between 16 and 30 years old
- Presently in a stable position with regards to mental wellness and/or substance misuse
- Adult mentor support system in place, e.g. guardian / counsellor / facilitator / teacher
- Open and respectful of different world views, ideas, lifestyles and people

\*\*\*Pre-screening interviews may be conducted with potential participants in the weeks before each program\*\*\*

### Referral Information:

Date of Referral: \_\_\_\_\_ Referral Source: \_\_\_\_\_  
 Contact Number: (\_\_\_\_) \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Reason for Referral:

\_\_\_\_\_  
 \_\_\_\_\_

### Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 School (If applicable): \_\_\_\_\_ Indigenous Ancestry (Specify)\*: \_\_\_\_\_

*\*Indigenous ancestry is determined on a voluntary basis through self-identification. This includes First Nations (status or non-status), Métis or Inuit ancestry. **No documentation other than self-identification is required and the ancestry can go back several generations.***

### Strengths (ie. works well with others, experience in art/film, positive attitude):

\_\_\_\_\_  
 \_\_\_\_\_

### Challenges (ie. mental health, substance misuse, housing, unemployment, food security):

\_\_\_\_\_  
 \_\_\_\_\_

### Level of Commitment Comments – include level between 1 (uncommitted) & 10 (fully-committed)

\_\_\_\_\_  
 \_\_\_\_\_

### Other Comments:

\_\_\_\_\_  
 \_\_\_\_\_

Please email referral form to [amandarose@froghollow.bc.ca](mailto:amandarose@froghollow.bc.ca)

If you have any questions, please feel free to contact Amanda Rose Schellenberg at (250) 878 - 2405.