

## Referral Form

### Eligibility Requirements:

- between the ages of 16-30
- identify as Indigenous and/or Ally
- living in the Lower Mainland
- facing a barrier in your life (ie. housing, mental health, food insecurity, substance use)
- self-refer or be referred by a professional adult mentor (ie. counsellor, doctor, foster parent)

\*\*\*Interviews (phone or in-person) will be conducted in the weeks leading up to each program\*\*\*

### Referee Information:

Date of Referral: \_\_\_\_\_ Referee Name: \_\_\_\_\_  
Referee Phone: (\_\_\_\_) \_\_\_\_\_ Referee Email: \_\_\_\_\_

### Reason for Referral:

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### Participant Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Ph./Mobile: (\_\_\_\_) \_\_\_\_\_ 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), Metis or Inuit ancestry. **No documentation other than this self-identification is required.**

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

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

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

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**Is there anything else you'd like us to know?**

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

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