Four Pillars Program Referral Form

Four Pillars is a program for Aboriginal children and youth ages 7-12.
The program includes a weekly after-school group and one-on-one support.

The program is based on Four Pillars:

1. Child/Youth Connected
2. Culture as a strong foundation
3. Health and Wellness
4. Recreation and Play

Contact Christina Kante (RSW), Program Coordinator for more information:

Phone: 250-748-2242 ext. 156
Email: ckante@hofduncan.org
#106 – 5462 Trans Canada Hwy.

Child's Name: _____

Birthdate:_____ **Age**:_____ **Gender**: _____

Status/Non-status/Other: _____

School:_____ **Grade**: _____

Care Card #:_____

Parents/Guardians Name(s): _____

Parents/Guardians Home Phone(s): _____

Cell Phone(s): _____

Address: _____

Email: _____

Alternate Emergency Contact Name: _____

Alternate Emergency Contact Phone Number: _____

Siblings Names and Ages: _____

_____

_____

Others Living in the Home: _____

_____

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Reason for Referral: _____
_____
_____

Special Considerations: e.g. medical diagnoses, allergies, behavioral concerns, learning difficulties, mental health concerns, speech/hearing, MCFD involvement, history of foster care,

_____
_____
_____
_____

Please share any other information about your child that would help them have a successful experience in the Four Pillars program. _____
_____
_____
_____

Is your child currently accessing any **Community Services and Supports**? Yes No
(e.g. medical support, counsellors, afterschool programs, etc.)

Details: _____
_____
_____

Program Preferences: (please choose all that apply)

☐ **Group** ☐ **One-on-One** ☐ **During School** ☐ **After School**

Consent for Services

I, _____, (legal Guardian) give permission for HOF employees to

contact and provide services for _____ (child's name).

Photo Consent: (please choose one)

☐ Yes, I give permission for this child's photo to be taken. I understand that photos taken may be used for reporting or program promotion.

☐ No, please do not use my child's photo.

Signed: _____ Date: _____

Office use only

Date received: Date of first contact: Intake Scheduled:

Notes:

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