



# NEEGAAN INABIN SERVICES

## Referral Form

### Section A: To be filled out by Worker or Supervisor. All fields are mandatory

Client Name: \_\_\_\_\_ File Number: \_\_\_\_\_

Present Address (full): \_\_\_\_\_

Client's D.O.B: \_\_\_\_\_ Client's Community \_\_\_\_\_

Gender: \_\_\_\_\_ Legal Status (if any): \_\_\_\_\_

Contact Number: \_\_\_\_\_ Current Worker (if any): \_\_\_\_\_

Email: \_\_\_\_\_ Band & Band #: \_\_\_\_\_

Referral Source and Phone #: \_\_\_\_\_

Details of Referral:

Are there concerns that require immediate attention? Yes No

Explain if Yes:

Are there any other Services Open or Involved? (i.e., child care services, protection services, Probation, Firefly, etc.

Worker Receiving Referral: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B: To be Filled Out by Neegaan Inabin Supervisor:

A - Neegaan Inabin Service (Post Majority): Worker Assigned \_\_\_\_\_

B - Neegaan Inabin Support for Youth Agreement (\*NISYA18to23service) Agreement Date: \_\_\_\_\_

**Note:** Agreement must accompany this form. Referral/Service begin date should be the same as Agreement Date.

All NISYA18to23 Services must have a corresponding Neegaan Inabin Services (Post Majority). NISYA18to23 parallels Ready Set Go.

Worker Assigned \_\_\_\_\_ Supervisor Approval \_\_\_\_\_

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

\*Screener to enter Referral/Info Sys to generate NISYA18-23 service  
All documentation must be sent to Info Sys. after Referral entered.