

**ONA Wellness Department: YES Referrals**



#101 - 3535 Old Okanagan Hwy, Westbank, BC V4T 3J6 www.syilx.org  
Phone: (250) 707-0095 ext. 215, Confidential Fax: 778-754-0060  
Confidential Referral Email: YES.Lead@syilx.org

Name of referral source: \_\_\_\_\_ MCFD/Agency/Community File #: \_\_\_\_\_  
(required)

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Person / Family being referred:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender: F  M  Other

If a minor name of parents/guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Aboriginal Community: \_\_\_\_\_

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**Reason for Referral**

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

Special Considerations: \_\_\_\_\_

Other agencies / services involved: \_\_\_\_\_

\_\_\_\_\_

Person, family is aware of this referral:  Yes  No      Agrees to this referral:  Yes  No

Seriousness of the situation:  Crisis       High       Low

**YES Priority:**    Prevention/ Education       Safety of self       Safety of family members  
 Healing Plan       Support       1 on 1       Group       Cultural Connection Plans

\_\_\_\_\_  
Signature of Referral Worker

\_\_\_\_\_  
Date