

# NAN HOPE

Nishnawbe Aski Mental Health and Addictions Support Access Program



Sioux Lookout  
First Nations  
Health Authority



DALTON<sup>®</sup>  
ASSOCIATES

## Referral Form

Please complete the following Referral Form, password-protect the document, and email it to the Program's Wellness Navigation team at [info@nanhope.ca](mailto:info@nanhope.ca), or fax to: 226-314-1218. Our hours of operation are: Monday through Friday, 8am – 12am EST / 7am – 11pm CST. We will get back to you within one (1) business day of your referral being received.

Client's full name	
Client's date of Birth/Age	
Client's gender identity (male, female, transgender male or female, non-binary, prefer not to disclose, etc.)	
Client's home address, including postal code	
NAN community client is connected to	
Client's primary phone number (and, can we leave voicemails?)	
Client's primary email account (and, can we email?)	
Client's emergency contact (name, relationship to the client, and phone number)	
Is the client eligible for NIHB or IRS funded services? If so, which one?	
Does the client currently have a counsellor, or are they enrolled in any mental health support service currently (including traditional counselling)? Please specify:	
Referral source's full name, organization, and contact information (phone, email address)	
Reason for referral	
Notes/Additional Details:	