



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

Referral source: \_\_\_\_\_

Agency name: \_\_\_\_\_

Phone #: \_\_\_\_\_

email address: \_\_\_\_\_

**Journeys of the Heart Cultural Learning Program**

Foster Parent/caregiver	
Name:	Phone number:
Email address:	

Demographics of main client/parent (include ages)	Other family members who can attend program
1.	
2.	
3.	
4.	
5.	
6.	

Special needs of the family?

Please fax your referral to 250-384-9467 or email it to Julia Clifton at [jclifton@hulitan.ca](mailto:jclifton@hulitan.ca)