

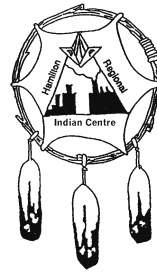
**Hamilton Regional Indian Centre**

34 Ottawa Street North

Hamilton, Ontario

L8H 3Y7

Phone: 905-548-9593 Fax: 905-545-4077



**INSERT PROGRAM NAME PROGRAM**  
**REFERRAL FORM**

<b>Date:</b>	<b>Case file No:</b>
<b>Client Name:</b>	<b>D.O.B.</b>
<b>Address:</b>	<b>City:</b>
<b>Postal Code:</b>	<b>Telephone:</b>
<b>Alt Tel:</b>	<b>Email:</b>

<b>Referral To:</b>	<b>Contact Person:</b>
<b>Address:</b>	<b>Telephone:</b>

REASON(S) FOR REFERRAL

Client Consent Obtained: \_\_\_ Yes                      \_\_\_ No

<b>Caseworker:</b>	<b>Signature:</b>	<b>Date:</b>
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Cc: \_\_\_\_\_