



**SOUTH ISLAND WELLNESS SOCIETY (SIWS)
ELDER AND CULTURAL SUPPORT PLANNING REFERRAL FORM**

An Indigenous Elder and Knowledge Keeper is recognized for their lived experience, spiritual guidance, and traditional knowledge. They are natural historians and cultural leaders who guide all generations, often modelling healthy and respectful relationships within family and community. Elders and Knowledge Keepers are foundational in providing cultural support that strengthens identity, belonging, healing, and overall wellness.

Please send this referral by e-mail to intake@siws.ca

Referrer:	Referral date:
Phone number:	Email:
Referral Source: <input type="checkbox"/> Community <input type="checkbox"/> Self <input type="checkbox"/> MCFD <input type="checkbox"/> NIL/TU,O <input type="checkbox"/> Surrounded by Cedar <input type="checkbox"/> Hulitan <input type="checkbox"/> Victoria Native Friendship Centre <input type="checkbox"/> Other:	
Urgency: <input type="checkbox"/> Immediate (within 48 hrs) <input type="checkbox"/> Moderate (5 business days) <input type="checkbox"/> Low (10 business days)	

Client/Family Information

Name	Gender/ Pronouns	Address	Date of Birth (mm/dd/yy)	Contact information (Phone/E-mail)
Name: Band(s):				
Name: Band(s):				
Other Guardian/Caregiver: Band(s): Relationship to child:				

Children/Youth

Name	Gender/ Pronouns	Legal status (If in care, how long?)	Address	Date of Birth (mm/dd/yy)
Name: Band(s):				

Community

Community where the family currently resides: *double click the box to check

- Tsartlip Tsawout Tseycum Pauquachin Songhees Esquimalt
 T'Sou-ke Beecher Bay Pacheedaht Urban

Consent

Is the family already aware of this referral to SIWS? Yes No

Issue Statement

Briefly describe the family's situation and reason for requesting SIWS Elder and Cultural Support:

Support Needed

What area(s) is support needed? *double click the box to check

- 1:1 Cultural Support/Teachings Prayer/Reflection Blanketing Brush Off
 Smudging Land-based Connection Cultural Workshops Court
 Mental Health & Substance Use Visit *not as a visit supervisor* Life skills

Significant Extended Family or Community Members Involved

Name	Relationship	Contact Info (Email & Phone #)

Other Key Participants in the Planning including Professional Services Already involved

Name	Job/Organization	Contact Info (Email & Phone #)

Worker Assigned:

Date: