



# FAMILY INTAKE

## Authorization to Release Information & Consent for Referral

### AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_ and / or my partner \_\_\_\_\_  
( Female Shareholder's Name ) ( Male Shareholder's Name )

hereby authorize the \_\_\_\_\_  
( Referring Agency )

to RELEASE relevant information concerning myself and any minor children (if applicable), to **KiiKeeWanNiiKaan-Southwest Regional Healing Lodge** for the purpose of referral and admission.

#### Name of Children

dd / mm / yyyy

- |          |                           |                             |
|----------|---------------------------|-----------------------------|
| 1. _____ | Age: <input type="text"/> | D.O.B. <input type="text"/> |
| 2. _____ | Age: <input type="text"/> | D.O.B. <input type="text"/> |
| 3. _____ | Age: <input type="text"/> | D.O.B. <input type="text"/> |
| 4. _____ | Age: <input type="text"/> | D.O.B. <input type="text"/> |
| 5. _____ | Age: <input type="text"/> | D.O.B. <input type="text"/> |

The consent is effective from \_\_\_\_\_, 20\_\_\_\_\_, and for One (1) Year hereafter.

\_\_\_\_\_  
Date Female Shareholder's Signature Male Shareholder's Signature

\_\_\_\_\_  
Date Witness Name (Please Print) Witness Signature

### CONSENT FOR REFERRAL

I, \_\_\_\_\_ and / or my partner \_\_\_\_\_  
( Female Shareholder's Name ) ( Male Shareholder's Name )

hereby authorize the \_\_\_\_\_  
( Referring Agency )

to make a REFERRAL on behalf of myself, my spouse and/ or our family to **KiiKeeWanNiiKaan-Southwest Regional Healing Lodge** for the purpose of counselling and support.

The consent is effective from \_\_\_\_\_, 20\_\_\_\_\_, and for One (1) Year hereafter.

\_\_\_\_\_  
Date Female Shareholder's Signature Male Shareholder's Signature

\_\_\_\_\_  
Date Witness Name (Please Print) Witness Signature

INSTRUCTIONS: Each section must be completed, signed and dated.