



KNOQOTI
NATIVE WELLNESS, INC.

809 S. Main Street, Lakeport, CA. 95453
Phone: (707) 900-2121 Website: knwi.org

REFERRAL FORM

Referral Information:

Referral Source/Organization _____ Date of Referral _____

Contact Person _____ Email _____

Phone Number _____

Referral Priority Level:	<input type="checkbox"/> Immediate/High Priority	<input type="checkbox"/> Moderate Priority	<input type="checkbox"/> Routine Priority
	<input type="checkbox"/> Uncertain/Please Assess		

Relative Information:

First Name _____ Middle Name _____ Last Name _____

Date of Birth _____ Gender _____ County of Residence _____

Tribal Affiliation _____ Phone _____ Email _____

Preferred Method of Contact _____ Best Time to Contact: Morning Afternoon Evening

Services Being Requested (check all that apply):

- Enhanced Care Management (ECM)
- Community Supports (CS)
- Reentry/Justice-Involved Support
- Family Spirit Home Visiting
- Wellness Programs
- School Advocacy
- Other: _____

Reason for Referral/Presenting Needs:

Is the Relative in crisis? _____

Immediate safety concerns? _____

THIS SECTION FOR KNWI STAFF ONLY

KNWI Staff Receiving Referral	Date	Time
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