



“Supporting Relationships ~ Strengthening Families!”

HR4HF REFERRAL FORM

Name #1: Tribal? Y/N Phone:

Name #2: Tribal? Y/N Phone:

Address: City: State: Zip:

Tribal Status  
 Lummi Enrolled  Lummi Decedent  AIAN (Non-Lummi) | Non-Tribal (relationship to Lummi)  
 Marriage  Community Member

What Program/Department made referral to Healthy Marriages Program? (Ex. Court, Children Services, Friend)  
List all here: \_\_\_\_\_

Are you or someone in your family affected by?  
 Alcohol  Recreational drug use  Problem gambling  
 Anger/Domestic Violence  In Recovery  Depression/Anxiety

Please describe issues/problems of concern:

Number of children in household (ex. 2: M/3, F/7):

Counseling services requested:  Individual  Couples  Family  Parenting 1:1  
 Problem Gambling  DV/Anger  Other \_\_\_\_\_

Best time to CALL and set up appointment: Best time to SCHEDULE appointment:

**For Office Use Only**  
Case assigned to MFT:  
Received by: Date: