



SNOWOYELH

Te Lalem Application

Social Worker Form

Name of Child/Youth/Adult/Family: _____

Phone: _____ Address: _____

Chehalis Community Member

Other Community (Specify): _____

Referring Person(s) Contact Information:

Name	Phone Number	Fax Number

Band: _____ Agency: _____ Other: _____

Support Person(s) Involved:

Yes

No

Contact Person Name & Job title	Phone Number	Fax Number

Family members Applying to enter program

Role in Family	Date of Birth



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What goals or programs (anger management, parenting classes, counseling, etc.) does your agency want the client to complete?

Other Family Member(s)/Support Person(s) involved and their Roles:

Name	Role	Contact number

- I consent that all of the information that I provided it correct to the best of my knowledge and that it will be reviewed by the Sts'ailes Overseeing Committee to determine the clients acceptance into Sts'ailes Te Lalem Specialized Culturally based Residential Program that is offered by the Chehalis Indian Band in collaboration with the Ministry of Children and Family Development.
- I will be in regular contact with my client and Te Lalem (phone calls, e-mails, meetings, updates, etc)

Social Worker Signature

Date

Please Send Complete Application (Client and Social Worker Portions) to:

Sts'ailes - Te Lalem Overseeing Committee
C/O Jolie Lawrence – Te Lalem Manager
 4690 Salish Way,
 Agassiz BC
 V0M 1A1
 Phone: 604-796-1282 Fax: 604-796-1283