



WESTBANK FIRST NATION  
515 Highway 97, Westbank BC V1Z 3J2

## Housing Navigator Referral Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

WFN status Number: \_\_\_\_\_ Telephone: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address/Location: \_\_\_\_\_

WFN Member: On Reserve  Off Reserve

Date of Referral: \_\_\_\_\_ Referring agency/Department: \_\_\_\_\_

Referrer Name and Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for Referral:(check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Homeless/No safe place to stay                  | <input type="checkbox"/> Fleeing Violence or crisis situation                                     | <input type="checkbox"/> Support to secure or Maintain housing (Applications, Tenancy, viewings)                                     |
| <input type="checkbox"/> At risk of Homelessness/Eviction/Unsafe housing | <input type="checkbox"/> Health, grief, or Addiction challenges affecting housing                 | <input type="checkbox"/> Supports Needed for daily living and housing stability (e.g., Mobility, safety, routines, in-home supports) |
| <input type="checkbox"/> Utility Arrears or disconnection Risk           | <input type="checkbox"/> Cultural practices, support or community connections relevant to housing | <input type="checkbox"/> Wellness, healing, or cultural supports (physical, mental, community connection)                            |
| <input type="checkbox"/> Financial Hardship affecting housing            | <input type="checkbox"/> Rent Arrears   |  |

Other please Explain \_\_\_\_\_

Background Information:

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All Referrals can be sent via email to:  
The Housing Navigator  
[pm@wfn.ca](mailto:pm@wfn.ca)

*Community. Leadership. Pride.*