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## EmotionsBC – Family/Caregiver Support Referral

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This form is for family members, caregivers, or loved ones seeking peer support who are supporting or know someone experiencing mental health or substance use challenges.

Please submit this form to [info@emotionsbc.ca](mailto:info@emotionsbc.ca) and our team will follow up within 2 business days.

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### Family Member/Caregiver Contact Information

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

Pronouns (optional): \_\_\_\_\_

Address: \_\_\_\_\_ ZIP: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

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

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### Referral Source

Referred by: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

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### Support Interests

*(Select all that apply)*

- |                                                           |                                                              |
|-----------------------------------------------------------|--------------------------------------------------------------|
| <input type="radio"/> Support + Skills Groups (online)    | <input type="radio"/> 1:1 Family Peer Support Sessions       |
| <input type="radio"/> Support + Skills Groups (in-person) | <input type="radio"/> Mindfulness Opportunities              |
| <input type="radio"/> Essential Skills Program            | <input type="radio"/> Not sure/would like to explore options |

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### Comments:

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\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Signature