



Cowlitz Indian Tribe

Healing of the Canoe Referral form

Referent (staff or agency) _____

Parent/ Guardian: _____

Address _____

Phone (Home/work/ mobile) _____ **Email** _____

Youth name/date of birth: _____ **DOB** _____

Youth (circle one) Male/Female

School _____ **Grade** _____ **Age** _____

Please return to Vashti or fax 360-353-9991 or call and Vashti will pick it up 360-353-8202 thank you!!

This is to inform you that the identity of persons participating in Cowlitz Tribal Treatment programs and their treatment records are protected by Federal Confidentiality Regulations (42 CFR Part 2) and Washington State Confidentiality Law (RCW 70.96A.150). These laws prohibit you from making any further disclosure without the expressed written consent of the person to whom it pertains. Penalties proscribed by law apply to unauthorized disclosure.

LONGVIEW MAIN LOCATION
P.O. Box 2429 ~1044 11th Ave
Longview, WA 98632
Phone: 360-575-3316 ~ Fax: 360-423-7813

VANCOUVER BRANCH OFFICE
7700 NE 26th Ave,
Vancouver, WA 98665 Phone:
360-397-8228 ~ FAX: 360-397-8251

TUKWILA/SEATTLE OFFICE
15455 65th Ave, Ste A
Tukwila, WA 98188
Phone: 206-721-5170~Fax: 206-721-6288