We Wai Kai First Nation
690 Headstart Crescent
Campbell River, BC
V9H 1P9

Social Development Department

	Date:	
Client Name:	Counselling for the Month Of:	
Band:	Counsellor:	Home/Cell phone #:

This is to confirm that I am receiving counselling services on the dates;

Please have counsellor & client signature after each date

Phone: (250) 914-1890 ext106 michelle.billy@ wewaikai.com Fax: (250) 914 1891