



Canadian Mental
Health Association
Kings County

Project H.O.P.E. Referral Form

Canadian Mental Health Association - Kings County

440 Main Street

Kentville, NS, B4N 1K8

Phone: (902) 679-7573 Fax: (902) 679-7470

Self-Referral

or

Agency Referral

Agency/Office: _____

Referred by: _____ Position: _____

Email: _____

Phone: (_____) _____ Ext: _____

Preferred method of contact: _____

Contact Information

Last name: _____ First Name: _____

Home phone: _____ Mobile phone: _____

Email: _____

Preferred method of contact: _____

Reason for Referral

Authorization for Referral

I authorize my case to be referred to the Canadian Mental Health Association - Kings County Branch.

 (Signature of individual)

 (dd/mm/yyyy)

Please send completed form via fax to 902-679-7470
 or email to hope.lead@cmhakings.ns.ca

