

Community Referral for Youth In Transition Worker Program

Client Information:

Date of Referral: _____

Name: _____

Gender:

Female

Male

Date of Birth: _____

Phone: _____

Cell Phone: _____

E-mail: _____

Address: _____

Postal Code: _____

Best method of contact:

Home Phone

Cell Phone

Text Message

E-mail

Referring Agency Information:

Name: _____

Position: _____

Agency: _____

Phone: _____

Cell Phone: _____

Address: _____

Postal Code: _____

Is youth current or past connection?

Current

Past (please indicate year of last connection)

Agency which youth received services from as Crown Ward: _____

Reason for Referral

I, _____, hereby provide my consent for an authorized representative of _____ (referring agency) to collect and/or release information about me from/to the YMCA of Owen Sound Grey Bruce. This release of information shall expire on _____ (No more than one year from date of signing) I understand that should my file be closed before the end date stated above, this release of information will become null and void.

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____