Simcoe Muskoka Family Connexions

Connexions Familiales de Simcoe Muskoka

YOUTH-IN-TRANSITION PROGRAM
REFERRAL FORM

Referral Source

☐ Self

☐ Service Provider

☐ Parent/Foster Parent/Guardian

☐ CAS Worker **** PLEASE INCLUDE COPY OF YOUTH'S CARE PLAN WITH REFERRAL FORM**

Date of referral:

Name of Referent:

Relationship to Youth:

Contact information for Referent:

Contact Information

Name of Youth:

Gender: Preferred Pronouns:

Age: Date of birth:

Phone number: (h)   (c)

Email Address:

Address: City: ON

Postal Code:

Service Language: ☐ English / ☐ French / other (specify):

Legal guardian:

Alternative Contact: Name:

                    Relationship:

                    Number:

Current Society Status/Eligibility:

☐ Former Crown Ward (21-24 yrs)

☐ Extended Society Care (21-24)

☐ Legal Custody Order

☐ Formal Customary Care Agreement

☐ Continued Care and Support for Youth -CCSY (18-21yrs)

☐ Voluntary Youth Services Agreement -VYSA (16-18 yrs)

Present Living Arrangement:

☐ Foster Home ☐ Shelter

☐ Group Home ☐ Home (parents)

☐ Independent Living ☐ Other (specify)

Names of parents / Foster parents /Guardian:

Are they aware of this referral? ☐ Yes ☐ No

Who else lives in the home?

Education:

Is the youth in school? ☐ Yes ☐ No

If so, please provide the school name:

Grade/Year:

If not, Youth's highest level of education is:

Employment:

Is youth currently employed? ☐ Yes ☐ No

If so, please provide the company name:

How many hours per week?

Reason for referral:

Check any area(s) in which youth is requesting support:

	Urgent	Moderat	Info Only
Urgent: require immediate support *Moderate:* require support but not in immediate need *Info-Only:* require resources and/or referral to community supports; will address independently *PLEASE BE SPECIFIC RESPECTING TIMELINES AND NEEDS* *(e.g., regular medical appointments required)*			
☐ **Life Skills:**	☐	☐	☐
☐ **Education:**	☐	☐	☐
☐ **Employment/Training:**	☐	☐	☐
☐ **Financial (Bank Account/Budgeting):**	☐	☐	☐

☐ Health & Well Being (Mental/Physical):	☐	☐	☐
☐ Housing:	☐	☐	☐
☐ Legal:	☐	☐	☐
☐ Recreation/Leisure:	☐	☐	☐
☐ Parenting/Pregnancy:	☐	☐	☐
☐ Concerns with Human Trafficking:	☐	☐	☐
☐ Other (e.g. Identification, family, etc.):	☐	☐	☐

Supports:

Formal Supports		
Agency/Worker Name:	Past	Current
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Informal Supports: (e.g. Partner, Neighbour, Clubs/Teams, etc.)		
Name/Relationship:	Past	Current
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Additional Comments:

Signatures:

My signature indicates that:

I am supportive of a referral to Simcoe Muskoka Family Connexions, Youth in Transition Program.

The above written reason for referral is accurate and has been explained to me.

I give permission for this information to be shared with Simcoe Muskoka Family Connexions.

I understand that Simcoe Muskoka Family Connexions will create a paper and electronic file.

Simcoe Muskoka Family Connexions may contact me in the future for research and evaluation purposes or to share agency related information.

I understand that Simcoe Muskoka Family Connexions will contact me directly or through the referent to arrange an intake interview and that the initial service plan may be shared with the referent.

_____	_____
Client	Date

_____	_____
Signature of Referent	Date

Please submit referral forms to:
Youth in Transition Program via Simcoe Muskoka Family Connexions CENTRAL FAX: 705-645-1905 or email to sarah.marr@familyconnexions.ca   Any inquiries can be directed to Sarah Marr, (705)-641-8779

Please see attached Consent to Release Information

INFORMATION CONSENT

Yes ☐	**No** ☐	**Consent to Disclose Information**
		And/or
Yes ☐	**No** ☐	**Consent to Obtain Information**

The nature of the information being exchanged and the reasons for this request have been explained to me/us. I/we understand these explanations. I/we authorize Simcoe Muskoka Family Connexions to obtain or release the following information.

_____
(Specifics of information to be exchanged / obtained / released)

CONCERNING:

_____
Full Name(s) of Person(s).

_____
Date of Birth

FROM / TO:

_____
Name of Individual or Agency

_____
Client

_____
Witness

_____
Date

This Consent Expires on Case Closure or, _____
(Date)