



Support. Empower. Connect.

Attn: Vivienne Parent – TAY KFLA

Email: vivienne@youthab.ca

Fax: 613-969-1464

referrals faxed to Youthab-Belleville office will be re-directed to TAY KFLA

EXTERNAL REFERRAL FORM - TRANSITIONAL CONNECTOR SERVICES

<p>Client Information</p> <p>Name:</p> <p>Gender:</p> <p>Date of birth:</p> <p>Address:</p> <p>Contact Number:</p> <p>Alternate Number:</p> <p>Preference for Text Yes No</p> <p>Can a detailed message be left? Yes No</p> <p>Any Communication barrier? Yes No</p> <p>Please Specify:</p> <p>Email:</p>	<p>Agencies Involved</p> <p><i>Is client currently/historically involved with any other agencies/community support services?</i></p> <table border="0"> <tr> <td><u>Agency</u></td> <td><u>Historically</u></td> <td><u>Currently</u></td> </tr> <tr> <td>Children’s Mental Health</td> <td></td> <td></td> </tr> <tr> <td>Adult Mental Health</td> <td></td> <td></td> </tr> <tr> <td>Addictions Services</td> <td></td> <td></td> </tr> <tr> <td>Crisis Support</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </table> <p>Comments:</p>	<u>Agency</u>	<u>Historically</u>	<u>Currently</u>	Children’s Mental Health			Adult Mental Health			Addictions Services			Crisis Support			_____			_____		
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<p>Referral Agency Information</p> <p>Date of Referral:</p> <p>Name:</p> <p>Agency:</p> <p>Phone:</p> <p>Email:</p> <p>Consent to share information Yes No</p> <p>*Please attach signed consents if applicable</p> <p>Relevant assessments attached Yes No</p>	<p>Services/Supports Needed</p> <p><i>What services/supports do you believe the client needs help accessing/connecting to?</i></p> <table border="0"> <tr> <td><input type="checkbox"/> Education</td> <td>Employment</td> </tr> <tr> <td><input type="checkbox"/> Mental Health</td> <td>Housing</td> </tr> <tr> <td><input type="checkbox"/> Recreation</td> <td>Addictions</td> </tr> <tr> <td><input type="checkbox"/> Health</td> <td></td> </tr> </table> <p>_____</p> <p>Referring specifically for Group:</p>	<input type="checkbox"/> Education	Employment	<input type="checkbox"/> Mental Health	Housing	<input type="checkbox"/> Recreation	Addictions	<input type="checkbox"/> Health														
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<p>Reasons for Referral for Transition Connector Services (relevant past history, mental health needs, treatment planning, etc) :</p>																						
<p>Signature: (of referral source)</p>	<p>Date:</p>																					