



Support. Empower. Connect.

ATTN. SHANNON RUDDY – TAY KFLA

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FAX: 1-613-969-1464

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

**EXTERNAL REFERRAL FORM - TRANSITIONAL CONNECTOR SERVICES**

Client Information	Agencies Involved																					
<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 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can a detailed message be left? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Any Communication barrier? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please Specify:</p> <p>Email Address:</p>	<p><i>Is client currently/historically involved with any other agencies/community support services?</i></p> <table border="0"> <thead> <tr> <th data-bbox="824 653 938 684"><u>Agency</u></th> <th data-bbox="1133 653 1295 684"><u>Historically</u></th> <th data-bbox="1370 653 1503 684"><u>Currently</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="824 726 1143 758">Children’s Mental Health</td> <td data-bbox="1195 726 1224 758"><input type="checkbox"/></td> <td data-bbox="1442 726 1471 758"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="824 764 1127 795">Mental Health Services</td> <td data-bbox="1195 764 1224 795"><input type="checkbox"/></td> <td data-bbox="1442 764 1471 795"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="824 802 1081 833">Addictions Services</td> <td data-bbox="1195 802 1224 833"><input type="checkbox"/></td> <td data-bbox="1442 802 1471 833"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="824 840 1010 871">Crisis Support</td> <td data-bbox="1195 840 1224 871"><input type="checkbox"/></td> <td data-bbox="1442 840 1471 871"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="824 890 1133 921">_____</td> <td data-bbox="1195 890 1224 921"><input type="checkbox"/></td> <td data-bbox="1442 890 1471 921"><input type="checkbox"/></td> </tr> <tr> <td data-bbox="824 928 1133 959">_____</td> <td data-bbox="1195 928 1224 959"><input type="checkbox"/></td> <td data-bbox="1442 928 1471 959"><input type="checkbox"/></td> </tr> </tbody> </table> <p>Comments:</p>	<u>Agency</u>	<u>Historically</u>	<u>Currently</u>	Children’s Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	Addictions Services	<input type="checkbox"/>	<input type="checkbox"/>	Crisis Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
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<p><b>Referral Agent Information</b></p> <p>Date of Referral to T/C Services:</p> <p>Agency/Source:</p> <p>Phone/Fax:</p> <p>Consent to share information <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>*Please attach signed consents if applicable</b></p> <p>Relevant assessments attached <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>Services/Supports Needed</b></p> <p><i>What services/supports do you believe the client needs help accessing/connecting to?</i></p> <table border="0"> <tbody> <tr> <td data-bbox="854 1331 883 1362"><input type="checkbox"/></td> <td data-bbox="932 1331 1062 1362">Education</td> <td data-bbox="1260 1331 1289 1362"><input type="checkbox"/></td> <td data-bbox="1318 1331 1484 1362">Employment</td> </tr> <tr> <td data-bbox="854 1369 883 1400"><input type="checkbox"/></td> <td data-bbox="932 1369 1110 1400">Mental Health</td> <td data-bbox="1260 1369 1289 1400"><input type="checkbox"/></td> <td data-bbox="1318 1369 1425 1400">Housing</td> </tr> <tr> <td data-bbox="854 1407 883 1438"><input type="checkbox"/></td> <td data-bbox="932 1407 1078 1438">Recreation</td> <td data-bbox="1260 1407 1289 1438"><input type="checkbox"/></td> <td data-bbox="1318 1407 1500 1438">_____</td> </tr> <tr> <td data-bbox="854 1444 883 1476"><input type="checkbox"/></td> <td data-bbox="932 1444 1013 1476">Health</td> <td data-bbox="1260 1444 1289 1476"><input type="checkbox"/></td> <td data-bbox="1318 1444 1500 1476">_____</td> </tr> </tbody> </table>	<input type="checkbox"/>	Education	<input type="checkbox"/>	Employment	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Housing	<input type="checkbox"/>	Recreation	<input type="checkbox"/>	_____	<input type="checkbox"/>	Health	<input type="checkbox"/>	_____					
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<p><b>Reasons for Referral for Transition Connector Services</b> (relevant past history, mental health needs, treatment planning, etc) :</p>																						
<p><b>Signature:</b> (of referral source)</p>	<p><b>Date:</b></p>																					