

**IMPORTANT:** Please ensure the following prior to forwarding the referral

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| * **Client is aware of the referral** * **Client has access to internet, data and/or cell phone service** * **Client has access to a phone, tablet, laptop or desktop** * **All supporting documentation should be included with this referral** | |
| **Specify Program:** Visit **www.ctys.org** for specific program criteria. The R.I.T.E.S program is for youth between the ages of 13 and 18 who identify as Black/ African-Canadian. Intake must occur before 18th birthday. Priority will be based on client’s needs.  **R.I.T.E.S Group  R.I.T.E.S Group & One to One Support** | |
| **Referral Date:** Click or tap to enter a date. | |
| **Referral Source Information** | |
| Name: Click or tap here to enter text. | Agency/School: Click here to enter text. |
| Address:  Click or tap here to enter text. | |
| Number/Street City Postal Code | |
| Telephone: Click or tap here to enter text. | Cell Phone: Click or tap here to enter text. |
| Email: Click or tap here to enter text. | Fax: Click or tap here to enter text. |
| Relationship to young person: Click or tap here to enter text. | |
| Signature of referral source: Click or tap here to enter text. | |

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| **Client Information** | | | | | |
| Last Name: Click here to enter text. | | First Name: Click here to enter text. | | | Pronouns: Click here to enter text. |
| \*Address:  Click or tap here to enter text. | | | | | |
| Number/Street/Apt. City Postal Code | | | | | |
| \*If no fixed address, where does youth frequent?  Click or tap here to enter text. | | | | | |
| Home Phone: Click here to enter text. | | | Cell Phone: Click or tap here to enter text. | | |
| Email: Click or tap here to enter text. | | | Other: Click or tap here to enter text. | | |
| Date of Birth: Click or tap to enter a date. | | | Age: Click or tap here to enter text. | | |
| Gender: Click or tap here to enter text. | | | Birthplace: Click or tap here to enter text. | | |
| Cultural Background: Click or tap here to enter text. | | | Ethnicity: Click or tap here to enter text. | | |
| Language(s) Spoken: Click or tap here to enter text. | | | | | |
| Immigration/Citizenship/Status:  Click or tap here to enter text. | | | | | |
| **Emergency Contact Information** | | | | | |
| Name: Click or tap here to enter text. | | | Relationship: Click or tap here to enter text. | | |
| Address:  Click or tap here to enter text. | | | | | |
| Number/Street/Apt. City Postal Code | | | | | |
| Home Telephone: Click or tap here to enter text. | Cell Phone: Click or tap here to enter text. | | | Other: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | | | | | |
| Additional Information:  Click or tap here to enter text. | | | | | |

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| Office Use Only | | | Follow-up |
| Client ID number: | Date Received: | Date Scanned: | Intake meeting Date: |