

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

|  |
| --- |
| * **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. |

|  |
| --- |
| **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. |

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