



YMCA of Owen Sound Grey Bruce
Youth in Transition Worker Program
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Community Referral Form for Youth in Transition Worker Program

Client Information:

Date of Referral:			
Name:			
Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of Birth:
Phone:			Cell Phone:
E-mail:			
Address:			Postal Code:
Best method of contact:	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Text Message <input type="checkbox"/> E-mail

Referring Agency Information:

Name:			
Position:			
Agency:			
Phone:			Cell Phone:
Address:			Postal Code:
Is youth current or past connection?	<input type="checkbox"/> Current	<input type="checkbox"/> Past (please indicate year of last connection)	
Agency which youth received services from as Crown Ward:			

Reason for Referral

I, _____, hereby provide my consent for an authorized representative of _____ (referring agency) to collect and/or release information about me from/to the YMCA of Owen Sound Grey Bruce.
 This release of information shall expire on _____ (No more than one year from date of signing) I understand that should my file be closed before the end date stated above, this release of information will become null and void.

Client Signature

Date

Witness Signature

Date