



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