

Child/Youth (First and Last Name)	Date of Birth (yyyy/mm/dd)

Use the Early Identification for Children and Youth Reference Guide to identify the appropriate service provider.

<input type="checkbox"/> I am the legal guardian of the above-named child and understand the risks and benefits of this referral	<input type="checkbox"/> I am the client and understand the risks and benefits of this referral
Referral for services to (agency):	

I am supportive of a referral for service(s) listed above. The written reason for referral is accurate and has been discussed and explained to me. I give permission for this information to be shared electronically in a secure manner with the service delivery agency identified above. I understand that a paper and/or electronic file may be created and I may be contacted for research and evaluation purposes. I can withdraw consent at any time. I understand that the agency identified above will contact me directly to arrange an intake interview.

Parent/Guardian/Youth _____ Date _____

OR

I have explained and discussed the information contained in this Referral Form and the consent statement with the Parent/Guardian/Youth and have received their verbal consent to initiate this referral which will be shared electronically in a secure manner to the identified agency. I have explained that a paper and/or electronic file may be created and they may be contacted for research and evaluation purposes. They have been informed that the agency identified above will contact them directly to arrange an intake interview. They understand that they can withdraw consent at any time.

Completed By	
Name:	Agency:
Phone Number: ()	Email:
Date (yyyy/mm/dd):	
Faxed or E-Mailed to:	

Follow-Up
Date (yyyy mm dd):
Action: