



EMPOWERING YOUTH
CHANGING LIVES

Please Fax your completed form to 416-924-2930

**DAY PROGRAM REFERRAL FORM
Appendix I**

Housing and Daily Activities

1. Describe family relationships (i.e. frequency of contact, level of support etc.): _____

2. Identify source of income and contact person: _____

3. Describe current housing arrangement: _____

4. List any educational and employment experiences including dates of involvement: _____

5. Describe any limitations to the clients ability to participate in physical activities: _____

6. List other agencies/services (housing, educational, vocational) the client is or has been involved with including dates of involvement, contact person and telephone number:

Agency	Contact Person	Telephone number	Length of Involvement

7. Provide a summary of academic history (grades, attendance and any relevant information): _____

DAY PROGRAM REFERRAL FORM
Appendix II

Day Program Information Requirements

1. Describe and give dates for your previous group experience: _____

2. Describe your interactions with others in a group setting (i.e. aggressive, withdrawn, shy etc.): _____

3. Describe any factors which might affect your participation in the Day Program: _____

4. Describe you family's support for this referral: _____

5. How does the Day Program fit with your future goals? _____

6. Is there anything you or the referring worker would like to add? _____

DAY PROGRAM REFERRAL FORM
Appendix III
Day Program Referral Agreement

Client: _____ D.O.B.: _____

Date of Referral: _____

Referring Person: _____

Relationship to Client: _____

Agency: _____

Agency Address: _____

Street

Suite Number

City

Province

Postal Code

Telephone: _____ Ext.: _____ Fax: _____

Contact Person to Follow Client (if different from above):

Name: _____

Agency: _____

Agency Address: _____

Street

Suite Number

City

Province

Postal code

Telephone: _____ Ext.: _____ Fax: _____

Agreement

I understand in order for my client to be accepted into the New Outlook Day Program, I will ensure there is a mental health professional who is willing to function as a case manager, and who will:

- attend case conferences, when necessary
- deal with medication issues
- deal with housing issues
- deal with family issues
- inform Day Program staff of any relevant changes

Name: _____

(Please print)

Signature: _____

Date: _____