



EMPOWERING YOUTH  
CHANGING LIVES

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

<ul style="list-style-type: none"> <li>✓ Client is aware of the referral</li> <li>✓ Client Consent Form has been signed and dated</li> <li>✓ All supporting documentation should be included with this referral</li> </ul>
<p><b>Specify Program:</b> Visit <a href="http://www.ctys.org">www.ctys.org</a> for specific program criteria. The R.I.T.E.S program is for youth from the ages of 14 – 17. We accept referrals up to their 18<sup>th</sup> birthday.</p> <p style="text-align: center;"> <input type="checkbox"/> R.I.T.E.S Group                      <input type="checkbox"/> R.I.T.E.S Group &amp; One to One Support         </p>

**Referral Date:** (DD/MM/YY) \_\_\_\_\_

**Referral Source Information**

Name:		Agency/School:	
Address:			
<small>Number/Street</small>		<small>City</small>	<small>Postal Code</small>
Telephone:	Ext:	Cellular:	
Email:		Fax:	
Relationship to young person:			
Signature of referral source:			

**Client Information**

Last Name:			First Name:		Pronouns:
*Address:					
<small>Number/Street/Apt.</small>			<small>City</small>		<small>Postal Code</small>
*If no fixed address, where does youth frequent?					
Home Telephone:			Cellular:		
Email:			Other:		
Date of Birth (DD/MM/YY):			Age:		

Gender:		Birthplace:	
Cultural Background:		Ethnicity:	
Language(s):			
Immigration/Citizenship/Status:			
<b>Emergency Contact Information</b>			
Name:		Relationship:	
Address:			
<small>Number/Street/Apt.</small>		<small>City</small>	<small>Postal Code</small>
Home Telephone:	Cellular:	Other:	
Email:			
Additional Information:			

Office Use Only			Follow-up
Client ID number:	Date Received:	Date Scanned:	Day Program: Site visit date: _____
			Intake meeting: date _____