

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

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| * **Client is aware of the referral**
* **All portions of this form are complete**
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| **Program Information:** The R.I.T.E.S. Program is for Black youth of African descent between the ages of 13 and 17 (including African-Canadian, Afro-Caribbean and/or Afro-Latinx youth). Visit [**www.ctys.org**](http://www.ctys.org/) for specific program criteria. Please note: Priority is based on client’s needs. **SERVICES AVAILABLE:** Please select **one** of the following options:* **R.I.T.E.S. Group**
* **R.I.T.E.S. Individual Counselling**
* **R.I.T.E.S. Group & Individual Counselling**

If you selected a **Group** service above, please select **one** of the following locations: * CTYS Community Group (65 Wellesley St. E., Suite 300, Toronto, ON M4Y 1G7)
* George Hull Collaborative Group (2670 Islington Ave., Etobicoke, ON M9V 2X6)
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| **This section is for School Groups ONLY**Please identify the name of your school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Please share your availability for group:  * Afterschool group (2 Hours) *R.I.T.E.S. is scheduled to run afterschool but may shift to lunchtime based on student availability*
* Lunchtime group (45 Minutes)
* Both
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**Referral Date:** (DD/MM/YY)

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|  **Referral Source Information** |
| Name: | Agency/School: |
| Address: |
| Number/Street City Postal Code |
| Telephone: Ext: | Cellular: |
| Email: | Fax: |
| Relationship to young person: |
| Signature of referral source: |

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| **Client Information** |
| Last Name: | First Name: | Pronouns: |
| \*Address: |
| Number/Street/Apt. City Postal Code |
| \*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) Spoken: |
| Immigration/Citizenship/Status: |
| **Emergency Contact Information** |
| Name: | Relationship to Youth: |
| Address: |
| Number/Street/Apt. City Postal Code |
| Home Telephone: | Cellular: | Other: |
| Email: |
| Additional Information: |

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| **Office Use Only** | **Follow-up** |
| CR number: | Date Received: | Date Scanned: | Site Visit Date (if applicable):Intake Meeting Date: |