

**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** |
| **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) |
| **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 |

**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: |