TRANSITION AGED YOUTH COORDINATED RESPONSE REFERRAL

16-17 Years Olds

FOR IMMEDIATE PROTECTION CONCERNS, PLEASE CALL THE CHILDREN'S AID SOCIETY OF OXFORD COUNTY AT 519-539-6176

DATE OF REFERRAL: _____
(dd / mm / yyyy):

YOUTH INFORMATION

Name:	**Date of Birth** (dd / mm / yyyy):
Gender: Male ☐ Female ☐ Trans ☐ Other:	
Phone: home ☐ cell ☐ work ☐ other ☐	**Phone:** home ☐ cell ☐ work ☐ other ☐
Safe to: leave voicemail ☐ text ☐	Safe to: leave voicemail ☐ text ☐
Email:	
Address: (street #, street, city, postal code)	
☐ No fixed address	

REASON FOR REFERRAL select all that apply:

Housing Issues ☐	Financial Issues ☐	Mental Health Issues ☐	Social Concerns ☐ (i.e. Gang involvement, criminal behaviour)
Addictions ☐	Legal Issues ☐	Physical Health Issues ☐	Family Violence ☐ (i.e. unhealthy relationships)

REFERRING AGENCY INFORMATION (please note: you will be contacted to attend a planning meeting)

Name/Agency:	
Position:	
Phone:	**Email:**

COMMENTS:

Completed referral forms are accepted via mail or in person at: 35 Metcalfe Street, Unit 301, Woodstock, ON N4S 3E6 or by fax at 519-539-9111 ***(Attention: David Knezevic)****. Phone: 519-539-1111 x.249*

Kindly default to the policies and best practices outlined by your agency regarding client privacy and confidentiality.

Revised September 2020