



FAMILY RECONNECT: REFERRAL

The Family Reconnect Program is a counselling program for youth aged 14-24 and their families to explore issues affecting their relationship. Our objective is to support young people in maintaining or re-establishing healthy and supportive relationships with those they define as family.

YOUTH INFORMATION (TO BE COMPLETED BY THE YOUTH)

Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Trans <input type="checkbox"/> Other	Pronoun:
Birth Date:	Phone: (Home) _____ (Cell) _____	Email: _____
What is the best way/time to contact you?		
<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> EMAIL <input type="checkbox"/> 8 AM-12 NOON <input type="checkbox"/> 12 NOON-6 PM <input type="checkbox"/> 6-8 PM		
Do you currently have contact with family?		
<input type="checkbox"/> I LIVE WITH FAMILY <input type="checkbox"/> REGULARLY <input type="checkbox"/> SOMETIMES <input type="checkbox"/> NEVER (SEE BELOW)		
Would you like to have contact with your family? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What are you hoping counselling will achieve?		
Signature _____		Date _____

REFERRER INFORMATION

Agency/ School Name:

Referrer Name:

Email:

Position:

Phone Number:

Reason for referral:

Please fax completed Referral Form to 416-441-4130 (Attention: Family Reconnect Program) or email nabrams@evas.ca