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: □ M □ F □ Trans □ Other  Pronoun:
Birth Date:  Phone: (Home)  (Cell)  Email:

What is the best way/time to contact you?
□ HOME  □ CELL  □ EMAIL  □ 8 AM-12 NOON  □ 12 NOON-6 PM  □ 6-8 PM

Do you currently have contact with family?
□ I LIVE WITH FAMILY  □ REGULARLY  □ SOMETIMES  □ NEVER (SEE BELOW)

Would you like to have contact with your family?  □ YES  □ NO

What are you hoping counselling will achieve?

Signature  Date

REFERRER INFORMATION

Agency/ School Name:  Position:
Referrer Name:  
Email:  Phone Number:

Reason for referral:

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