

Toronto Youth Equity Strategy Support Services (TYES SS)



REFERRAL FORM

TODAY'S DATE:	
FIRST NAME:	LAST NAME:
DOB:	AGE:
HOME ADDRESS:	COMMUNITY CONTACT Name: Phone: Email:
PROBATION OFFICER Contact Info: Name: Email: Phone:	Reporting Probation Office Address:
Other Supporting Professional Contact Info (if applicable): Name: Email: Phone: Organization:	Next Reporting Date: Next Court Date (if applicable):
OTHER NOTES/COMMENTS:	
IDENTIFIED NEEDS:	
<input type="checkbox"/> Housing <input type="checkbox"/> Education <input type="checkbox"/> Employment <input type="checkbox"/> Recreation/Leisure <input type="checkbox"/> Family Relationships <input type="checkbox"/> Peer Relationships <input type="checkbox"/> General Support/Mentorship <input type="checkbox"/> Substance Use Concerns (non-clinical) <input type="checkbox"/> Mental Health Concerns (non-clinical) <input type="checkbox"/> Gender Identity <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Cultural Identity <input type="checkbox"/> Other (please specify):	

Participation Consent Sign Off:

Personal information is collected directly from you, or the person acting on your behalf. Information collected includes the above information provided by you as well as the outcomes of your participation in Toronto Youth Equity Strategy (TYES) Support Services through one of the partners of Fernie Youth Services. The partners of Fernie Youth Services include the Ministry of the Solicitor General (SOLGEN), the City of Toronto's TYES and your relevant referral agencies. Data will be kept and used by these partners who will use the data to work to support you in your Case Management Plans. Fernie Youth Services partners have safeguards in place to protect your information and to ensure that only people involved in your service provision see the above provided information and outcomes; we will not disclose the above information and outcomes to third parties without your consent, unless we are legally required to do so.

By signing below, I hereby give my permission for Fernie Youth Services partners to share the above information in connection with my Case Management Plans, including accessing and sharing my outcomes for participation in services. I agree to a referral being made to a support service agency in order to support my Case Management Plans. I understand that Fernie Youth Services partners may hold information gathered about me from these referral agencies and as such my rights under the Federal Personal Information Protection and Electronic Documents Act (PIPEDA) will not be affected. Collection, use, storage and disclosure of my personal information by Fernie Youth Services to facilitate the provision of services is in compliance with SOLGEN privacy policies. I give consent for SOLGEN to communicate with my Case Manager, Social Worker and any other referrals that support my participation in TYES Support Services activities.

This authorization may be rescinded or amended in writing at any time prior to the end of Participation in TYES Support Services.

Date:
Consenter's Signature:
Print Name: