

Toronto Youth Equity Strategy Support Services (TYES SS)

REFERRAL FORM

DATE:	
FIRST NAME:	LAST NAME:
DOB:	AGE:
HOME ADDRESS:	COMMUNITY CONTACT INFORMATION: Cell Phone: Email:
PROBATION/PAROLE OFFICER OR SURETY: Name: Email: Phone Number:	Probation Status: Probation <input type="checkbox"/> Parole <input type="checkbox"/> Non-Active <input type="checkbox"/>
Reporting Probation Office Address:	Probation Discharge Date: Click here to enter a date.
House Arrest/Curfew Restrictions:	
Relevant Probation/Bail Conditions:	
Citizenship Status	
Other Professionals and Contact Information (if applicable): Name: Email: Phone Number:	NEIGHBOURHOODS WHERE THERE ARE SAFETY CONCERNS: Next Court Date (if applicable):
Reporting Office:	
ETHNICITY/ CULTURAL BACKGROUND: Employment and General Support/Mentorship	
Please provide details around your charges? How can we better support you?	

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 |
| <input type="checkbox"/> Death/ grief | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Paranoid/anxiety | <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.

In lieu of the signature of the Client named above, I _____ confirm that I have read to the Client the provisions set out above titled " Client Consent to Collect, Use and Disclose Information" and that in all areas under "Client Consent to Collect, Use and Disclose Information", the Client has provided verbal consent.

This authorization may be rescinded or amended in writing or verbally at any time prior to the end of Participation in TYES Support Services.

Date:
Consenter's Signature:
Print Name: