



## REFERRAL FORM

Name of Youth/Young Adult:

Age:

Current Address (if applicable:

Best way to get in touch:

Phone Number:

Email:

Reason for Referral: (ie, connection, relationship building, supportive counselling, crisis management, programs, mentoring, accessing support)

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I have permission to direct this young person your way \_\_\_\_yes \_\_\_\_no

Name of Referral Contact: \_\_\_\_\_

Organization/Department: \_\_\_\_\_

Phone Number:

Email:

\_\_\_\_\_  
Signature Young Person Referred

It is not critical to be signed, but permission to refer is requested.

\_\_\_\_\_  
Signature of Referrer

Date Submitted:

Please send the completed form to [intake@portalyouth.ca](mailto:intake@portalyouth.ca) or drop off at 440 Main Street, Unit 6, Kentville