



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)

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

Signature of Referrer

Date Submitted:

Please send the completed form to intake@portalyouth.ca or drop off at 440 Main Street, Unit 6, Kentville