

Please forward completed forms to
Kim Whitman-Mansfield,
Youth Director at:
kim.whitman-mansfield@ns.ymca.ca

Date of Referral:

Self-Referral? Yes No

A. Youth Details – Primary Contact

Name:

Birth Date:

Address (if applicable):

Email:

Phone Number(s):

Can messages be left? Yes No

Preferred method of contact:

B. Referral Source (if not self-referral)

Name:

Organization/Department: Phone:

Email:

Youth aware of referral? Yes No

Is Youth in agreement with referral? Yes No

C. Services/Organizations Youth already referred to or is currently accessing:

- Dept. Community Service Income Assistance SSODA
- Restorative Justice SchoolsPlus Victim Services Mental Health
- Better Together
- Other _____

D. Reason for Referral:

E. Internal Use Only

Outcome of referral:

- Youth entered program Youth waitlisted Program not a fit / referred to another service

YOP assigned:

Date of initial meeting:

Additional information: