Contact NIAGARA
For Children's and Developmental Services
pour les services à l'enfance et à l'adaptation

# Transitional Aged Youth(TAY)
# REFERRAL FORM

Please note that this form is designed to facilitate easy transfer of information between community partners and Contact Niagara for beginning the Integrated Transition Planning process. It is not intended to replace a direct conversation with a Resource Coordinator at Contact Niagara to ensure appropriate referrals to our partner agencies.

**PLEASE SEND COMPLETED FORM TO CONTACT NIAGARA**
**By Fax 905-684-2728 OR Email tay@contactniagara.org**

**DATE:** _____

REFERRAL SOURCE: _____ TELEPHONE: _____ EXT: _____
PLEASE PRINT NAME

**NAME OF YOUTH:** _____ **DATE OF BIRTH:** _____
YEAR /MONTH/DAY

**SCHOOL:** _____ **OEN #:** _____

FACS STATUS: ☐ Extended Care ☐ Other ☐ Unknown

**PLEASE INDICATE THE INDIVIDUAL THE RESOURCE COORDINATOR SHOULD CONTACT:**

☐ PARENT/GUARDIAN ☐ FACS WORKER ☐ FOSTER PARENT ☐ OTHER _____

NAME OF CONTACT PERSON: _____

FULL ADDRESS: _____

PRIMARY PHONE: _____ **ALT PHONE:** _____

**OUTCOME BEING SOUGHT:**
**PLEASE CHECK ONE:**

Transitional Aged Youth(TAY) Planning Referral: AGE 14-15: ☐

TAY Planning and DSO Referrals: AGE 16-17: ☐

**Is there an assessment by a psychologist on file that would support a referral to DSO?** ☐ Yes ☐ No

IF Yes and family consents (see consent section below) please forward to Contact Niagara.

IF No and Assessment is not available, does the school board support a referral to Bethesda CDAS? ☐ Yes ☐ No
(Check with your TAY contact at the school board)

**CONSENT & AGREEMENT**

I, the undersigned, give permission to _____ to share:

☐ my name and contact information with Contact Niagara, to participate in the Transitional Aged Youth Process

☐ relevant assessments the person or agency named above has on file

I, the undersigned agree to a Resource Coordinator at Contact Niagara contacting the Contact Person(s) named above for the purpose of participating in the Transitional Aged Youth process and sharing information with agencies that support me in transition planning.

Signature of Youth (if possible): _____ Date: _____

Signature of Guardian: _____ Date: _____