COMMUNITY LIVING
York South
Inspiring Possibilities

INTÉGRATION COMMUNAUTAIRE
York Sud
Inspirant des possibilitiés

FOCUS
ACCREDITATION

Community Support Program Referral Form

The following is the eligibility criteria to access the Community Support Program:

- Person must have confirmed diagnosis of intellectual disability (Documentation of diagnosis by a certified psychologist/medical professional may be requested)
- Reside in Southern York Region (Markham, Richmond Hill, Thornhill, Vaughan and/or Stouffville)
- There is no age limit for referral to the Community Support Program

Please forward your referral to:
social@communitylivingyorksouth.ca or
Fax: 905-472-5409
Website: **www.communitylivingyorksouth.ca**

Referral Date:

REFERRAL SOURCE

☐ Self ☐ Community Service Provider ☐ Health Care Professional
☐ Family/Friend ☐ School/Educational Professional ☐ Other

Name: ______________________________ **Phone #:** ______________________________

Organization: ______________________________ **Email:** ______________________________

Reason for Referral (*Please provide details*):

Name of Person: First Middle Surname

Date of Birth (D/M/YY): **Gender:**

Primary Diagnosis:

Address : **City/Town:** **Postal Code:**

Primary Contact:

Name: ______________________________ **Phone #:** ______________________________

Email: ______________________________ **Relationship to Referred Person:** ______________________________

Legal Guardian (if different from above): ______________________________

Phone #: ______________________________ **Email** ______________________________

First Language (Spoken): **Secondary Language (Spoken):**