

Client Information Form: Referral to Community Partner

For Use by any Community Service Agency in Waterloo and Wellington

Client Information:

| | |
|---|------------|
| Client's Name: | Email: |
| Address: | Telephone: |
| Date of Referral: | |
| <input type="checkbox"/> Client has given their permission to share their contact information. | |
| <input type="checkbox"/> Client has given their permission to share other personal information attached. | |
| Reason for Referral: Modular Program in <input type="checkbox"/> Kitchener <input type="checkbox"/> Cambridge | |
| <input type="checkbox"/> Computer <input type="checkbox"/> Customer Service & POS <input type="checkbox"/> Writing <input type="checkbox"/> Employability Success | |
| <input type="checkbox"/> Reading for Health <input type="checkbox"/> Northstar Digital Certificate Testing | |

Referring To:

| | |
|---|---|
| Name of Organization and Program: The Literacy Group | |
| Contact Name: Laurie Mazur | Email: laurie@theliteracygroup.com |
| Agency Address: <input type="checkbox"/> 40 Ainslie St. South, Cambridge <input type="checkbox"/> 151 Frederick St. #200, Kitchener | Telephone: 519-621-7993 ext. 325 |

Referring from:

| | |
|-----------------------|------------|
| Name of Organization: | |
| Contact Name: | Email: |
| Address: | Telephone: |

Client consent to share contact and/or personal information:

I, _____ hereby agree to and give permission to TLG
to share my information with _____.
This information will be kept private and strictly confidential.

Client Signature: _____ Date: _____

Witness Signature: _____

Follow-up Requested by Referring Agency:

- Please let me know when the Client makes contact.
- Please contact me with the actions taken as a result of the referral, e.g. assessment completed, registered in an LBS program.
- No need for follow-up contact.