

Referral to The Literacy Group of Waterloo Region

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: Core programming for	
<input type="checkbox"/> Reading <input type="checkbox"/> Writing <input type="checkbox"/> Math <input type="checkbox"/> Workplace Essential Skills <input type="checkbox"/> _____	

Referring To:

The Literacy Group - Cambridge <input type="checkbox"/>	The Literacy Group – Kitchener <input type="checkbox"/>
Laurie Mazur 40 Ainslie St. South, 2 nd Floor Cambridge ON N1R 3K1	Sue Damon 151 Frederick St. Suite 200 Kitchener ON N2H 2M2
laurie@theliteracygroup.com 519-743-6090 x 325	suedamon@theliteracygroup.com 519-743-6090 x 224

Referring from:

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

Client consent to share contact and/or personal information:

I, _____ give permission to _____
 from _____ to share my information with staff at The Literacy
 Group for the purposes of referral and service coordination. .
 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.