

## Client Information Form: Referral from 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.	
<b>Reason for Referral: Math Upgrading</b> One-to-one tutoring      Small group	<input type="checkbox"/> Kitchener <input type="checkbox"/> Cambridge Online tutoring

### Referring To:

Name of Organization and Program: <b>The Literacy Group</b> 519-743-6090	
<b>Cambridge</b> John Stackhouse      Ext. 227 john@theliteracygroup.com 40 Ainslie St. South	<b>Kitchener</b> Sue Damon      Ext 224 suedamon@theliteracygroup.com 300 Victoria St. N. Unit 8

### 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.