



169 Lakeshore Drive, North Bay, ON. P1A 2B3 ph. (705) 474-3041 fax (705) 474-3499

THIRD PARTY REFERRAL FORM

NAME OF CHILD/YOUTH: _____ D.O.B: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE NUMBER: (H) _____ (W) _____

E-MAIL ADDRESS: _____

SCHOOL NAME: _____ GRADE: _____

REFERRAL SOURCE: _____

REASON FOR REFERRAL AND TYPE OF SERVICES EXPECTED:

IDENTIFIED FACTORS CONTRIBUTING TO NEED (PLEASE CHECK ALL THAT APPLY):

- SINGLE PARENT
- NO EXTENDED FAMILY
- DISABILITY
- NO FRIENDSHIPS
- SCHOOL ISSUES
- FINANCIAL CONSTRAINTS
- MEDICAL CONDITION
- WITNESS/EXPERIENCE ABUSE
- CAS INVOLVEMENT
- OTHER

My signature indicates that:

I am supportive of a referral to Big Brothers Big Sisters of North Bay & District.

The above written reason for referral is accurate and has been explained to me.

I give permission for this information to be shared with Big Brothers Big Sisters of North Bay & District.

I understand that Big Brothers Big Sisters of North Bay & District will contact me directly or through the referent to discuss the outcome for eligibility of services.

Parent/Guardian Signature: _____ Date: _____

Referent Signature: _____ Date: _____

Big Brothers Big Sisters Staff Signature: _____ Date: _____