



Serving you since 1974

To support children, youth and families

Kitimat Child Development Centre

1515 Kingfisher Avenue, Kitimat, BC V8C 1S5

Phone: (250) 632-3144 Fax: (250) 632-3120

www.kitimatcdc.ca

REFERRAL FOR SERVICES

Has the parent/legal guardian/client consented to this referral? YES NO
This referral will not be processed without parental/legal guardian/client consent.

Date of Referral _____ Care Card Number _____

Client/Child Legal Name _____

Name client/child commonly responds to _____

Date of Birth _____ M F

Address _____ Postal Code _____

Phone H _____ Phone W _____ Cell _____

Email _____

Parent/Guardian Name (if applicable) _____

Legal Guardian: Yes No Relationship to Child _____

Address (if different than above) _____

Phone (H) _____ Phone (W) _____ Cell _____

Program(s) Referred to _____

Reason for Referral/Concerns (diagnosis/observations) _____

Referral Source/Name _____ Phone _____ Fax _____

Signature _____

The private and personal information collected on this form is used to determine eligibility and appropriateness of services to be provided. Non-identifying statistical information may be collected, collated and distributed to support requests for funding, advocacy, resource allocation and measuring outcomes. Please refer to the Kitimat Child Development Centre Personal Information Protection Act Policy (see our website for more information - www.kitimatcdc.ca).

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