

**New Directions for Children, Youth, Adults and Families**

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Culture, Education and Training

Training Resources for Youth (TRY)

Referral Form

*Name****:*** *Referral Date:*

*Referred by:* 1 Self 2 Agent

*Present Address:* *Postal Code:* Click here to enter text.

*Phone Number:*  Click here to enter text.

*Applicant’s gender:* 1 Male 2 Female 3 Transgender

*Applicant’s date of birth:*Click or tap to enter a date. *Age:* Click here to enter text.

*Referring Worker (name):* Click here to enter text.

*Referring Worker’s Agency (name, address, phone number):* Click here to enter text.

*Contact Person (name and phone #):* Click here to enter text.

*CFS (name, agency, and phone #):* Click here to enter text.

*PO (name, office, phone #):* Click here to enter text.

*ISSP (name, office, phone #):* Click here to enter text.

*ATSW (name, office, phone #):* Click here to enter text.

*Other Agency Involvement with Applicant:* Click here to enter text.

*Other Supports:*

*Name:* Click here to enter text. *Phone:* Click here to enter text.

*Relationship:* Click here to enter text.

*Name:* Click here to enter text. *Phone:* Click here to enter text.

*Relationship:* Click here to enter text.

*Guardianship Status:* 1 Family 2 Independent 3 CFS 4 Adult Services

*Parents (names of birth, step, foster, etc.):* Click here to enter text.

*Siblings:* Click here to enter text.

*Is the participant receiving financial support?* 0 No 1 Yes

*If* ***yes****, from:* 1 CFS 2 EIA 3 Family on EIA 4 Supported by Parents □5 Other

*Participant ethnicity:*1 Aboriginal Status 2 Aboriginal Non-Status 3 Inuit 4 Metis 5 Asian 6 African 7 Caucasian 8 Other

*Is the participant a new comer to Canada?* 0 No 1 Yes

*Is the participant a parent?* 0 No 1 Yes

*Community Activities and Memberships:*

*Cultural Activities and Connections:* Click here to enter text.

Thank You!