



Casa Youth Shelter

Referral Form

Please ensure that you have received consent from the youth and/or parent/guardian to share their contact information with us. Please forward completed referral form to referrals@casayouthshelter.org.

Please be aware that we cannot share the outcome of the referral to protect the confidentiality of our residents.

Date of Referral:	Youth and/or Parent Consented to Referral? Y / N
<i>Please note: Referrals without the consent of the youth or parent/guardian will not be accepted.</i>	

Referrer Details:	
Name:	Position/Job Title:
Organization/Agency:	Address:
Phone Number:	Email Address:

Youth Details:	
First Name:	Last Name:
DOB or approximate age:	Phone: Email:
<i>Does this youth have a parent/guardian? (If yes, please complete section below, if not, leave blank)</i>	

Parent/Guardian Details:	
First Name:	Last Name:
Address:	Phone: Email:

Reason for Referral:
<i>(Please include any information that may be useful as background information to better assist with the referral e.g. mental health, substance use, previously placed in another shelter, etc.)</i>
Would you like to receive confirmation that we received the referral?