



**KCSC** | **KING'S** | School of Social Work

King's Community Support Centre

## Referral Form 2025-26

### Service User Information:

**Name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_  
**Pronouns:** \_\_\_\_\_ *If other, please specify:* \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Living Arrangement:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**How should we contact you?** \_\_\_\_\_ **Can we leave a message?** \_\_\_\_\_

\*Please note, we are not able to send text messages

### Referral Source:

**Name:** *community referral information*  **Self**  **Community**  
**Phone #:** *community referral information* **Agency:** *community referral information*  
**Email:** *community referral information*

**Would you like to be a part of an introductory, transfer or transition meeting?** \_\_\_\_\_

### Reason for Referral:

*please specify*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Additional information, if applicable:

*please specify*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE:** King's Community Support Centre services are voluntary and not intended to fulfill legal requests or court-mandated requirements.  
*We do not provide court services or reports.* For these services, please contact the appropriate legal or court-appointed provider.

**Referral Completed By:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_ *yyyy-mm-dd*

Please forward completed form to: [intake@kingscommunitysupportcentre.ca](mailto:intake@kingscommunitysupportcentre.ca)