



# KCSC | KING'S | School of Social Work

## King's Community Support Centre

### Referral Form 2025-26

#### Service User Information:

**Name:** \_\_\_\_\_ **Date of birth:** yyyy-mm-dd  
**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:

☐ Self

☐ Community

**Name:** community referral information **Agency:** community referral information  
**Phone #:** 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*

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#### Additional information, if applicable:

*please specify*

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**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)