



SAFE | KING'S
Support & Aid to Families Electronically

S.A.F.E. Referral Form
intake@safekings.ca

Parent/Caregiver Information:

Name:

Name:

Address:

Address:

City:

City:

Postal Code:

Postal Code:

Phone #:

Phone #:

Message Okay?

YES ☐

NO ☐

Message okay?

YES ☐

NO ☐

Email:

Email:

Date of Birth:

Date of Birth:

Client Information:

Name:

Date of Birth:

Address:

Please indicate client's age group:

City:

☐ YOUTH (under 18)

Postal Code:

☐ ADULT (over 18)

Phone #:

Message Okay?

YES ☐

NO ☐

Email:

Preferred method of Communication with S.A.F.E.?**Referred by:**

Name:

Referring Organization:

Phone #:

Email:

School Attending(if

School Postal Code:

applicable):

Presenting Issues:

Service User Initial Appointment Preference (Check all that apply):

Morning ☐
Afternoon ☐

If referant would like to be included in the initial meeting, please indicate your availability here (Check all that apply):

Morning ☐
Afternoon ☐

Support and Aid to Families Electronically (SAFE) is offering online counselling from King's University College School of Social Work students under clinical supervision.

Is the youth/family actively involved in a criminal or family court proceeding

Yes ☐

No ☐

MSW Student Counsellors are available certain days of the week and will not be checking emails on days that they are not in practicum. Please allow up to 48 hours for a response.