



**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.