



# KCSC | KING'S | School of Social Work

## King's Community Support Centre

### WF Referral Form

#### 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: [sarah@kingscommunitysupportcentre.ca](mailto:sarah@kingscommunitysupportcentre.ca)