

Community Support Program Referral Form

The following is the eligibility criteria to access the Community Support Program:

- Person must have confirmed diagnosis of intellectual disability (Documentation of diagnosis by a certified psychologist/medical professional may be requested)
- Reside in Southern York Region (Markham, Richmond Hill, Thornhill, Vaughan and Stouffville)
- Does not have access to case management services in York Region
- There is no age limit for referral to the Community Support Program

This form must be completed by health care professionals, educational professionals, community service providers etc.

Please forward your referral via:

Email: sshaukat@communitylivingyorksouth.ca

or

Fax: 905-472-5409

Website: www.communitylivingyorksouth.ca

Name of Person: First			Middle			Surname		
Date of birth (D/M/YY):					Gender:			
Primary Diagnosis:								
Address :			City/Town:			Postal Code:		
Mother Name: _____			Phone #: _____			Email: _____		
Father Name: _____			Phone #: _____			Email: _____		
Guardian (if different): _____			Phone #: _____			Email _____		
First Language (Spoken):					Secondary Language (Spoken):			
REFERRAL SOURCE								
Name: _____			Phone #: _____			Organization: _____		
Organization: _____			Email: _____					
Reason for Referral (Please provide details):								