



Community Parent & School Support Program (COMPASS) Professional Referral Form

Due to funding restrictions, only Calgary residents are eligible for the program

ORGANIZATION REQUESTING REFERRAL					
Agency/Organization/School		Name of Referring Professional			
Position of Referring Professional		Telephone			
Email		Street Address			
City		Postal Code			
Date of Referral					
REFERRED CHILD'S INFORMATION					
Last Name		First Name			
Date of Birth (Month/Day/Year)		Age	Gender		
PRIMARY CONTACT		SECONDARY CONTACT			
Last Name	First Name	Last Name	First Name		
Relationship to Child		Relationship to Child			
Street Address		Street Address			
City	Postal Code	City	Postal Code		
Home Phone #	Cell Phone #	Work Phone #	Home Phone #	Cell Phone #	Work Phone #
Email Address		Email Address			



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Reason for Referral (describe specific emotional, behavioural, and mental health concerns).

Are you aware of any past or present involvement by this family with community agencies, groups, or programs (including Childrens Services)?

No Yes If yes, please list below

1.

2.

3.

Please list any other referrals you have made for this family.

Please provide other information that may be helpful.

Please submit this referral form with your agency/school/AHS consent forms to release and obtain information to YW Calgary signed by the parent or indicate that parent has given verbal permission to release this information.

Person Completing This Form	Date

Please email this form to the contact information below:

YW Calgary – COMPASS
1715 17 Avenue SE
Calgary, AB T2G 5J1
Email: compassprogram@ywcalgary.ca
Phone: 403-264-3440