



## 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		



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

**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](mailto:compassprogram@ywcalgary.ca)**  
**Phone: 403-264-3440**