

# Support Services- ICDP Referral Form



Boys & Girls Clubs  
of Kawartha Lakes

Date of Referral: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Gender: M / F / O

Date of Birth: \_\_\_\_\_ Age at Referral: \_\_\_\_\_

(DD/MM/YYYY)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Names of Parent(s) or Guardian(s): \_\_\_\_\_

Referred by: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

Parent made referral on recommendation of:

\_\_\_\_\_

Reason for Referral:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*Please attach any additional information as needed\*\*

## FOR OFFICE USE ONLY

Date of Initial Parent/Guardian Contact: \_\_\_\_\_

Phone? Yes/No      Letter? Yes/No

Accepted for ICDP: Yes/No      Why not? \_\_\_\_\_

Date to Waiting List: \_\_\_\_\_

Date of Intake: \_\_\_\_\_

Length of Time on Waiting List: \_\_\_\_\_

Date Referral Source Notified of Intake: \_\_\_\_\_

Initial Visit Date and Time: \_\_\_\_\_

ICDP Consultant Signature: \_\_\_\_\_