

Oak Child and Youth Advocacy Centre Referral Form

Date of referral: _____

Person referring: _____

Phone number: _____

Referring Agency: _____

Consent: The client gives their permission for information to be released to Oak Child and Youth Advocacy Centre (Oak Centre) for the purpose of service referral. The client gives their permission for a copy of this referral form to be sent to Oak Centre for their records.

Verbal consent given by client:

Client Name: _____

Client Phone: _____

Can we leave a voicemail? Yes No

Notes:

Reason for Referral:

Related to sexual assault incident
(Incident was reported: Yes No
If yes, reported to: MCFD &/or RCMP
Incident was: Recent Historical)

Seeking support with CVAP application for counselling

Seeking information about CYAC services

Seeking information about criminal justice system

Other/Comments:

Please email completed form to youthvictimservices@oakcentrevernon.ca
OR fax to (778) 475 0534