



YMCA of Simcoe/Muskoka

YMCA Youth Services  
49 High Street, Suite 101  
Barrie, ON L4N 5J4  
705-726-5572  
www.ymcaofsimcoemuskoka.ca

## Youth in Transition Worker (YITW) REQUEST FOR SUPPORT

### BACKGROUND INFORMATION (Please fill out as completely as possible)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (main): \_\_\_\_\_ (alternate) \_\_\_\_\_

May we leave a message?  Yes  No Email: \_\_\_\_\_

Is youth between the ages of 16-24?  Yes  No

Date of Birth (dd-mm-yyyy) \_\_\_\_\_

Most recent C.A.S? \_\_\_\_\_

\*Consent to Release Information Form completed and attached?  Yes  No

Referred by (Agency): \_\_\_\_\_

Referred by (Person): \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Signatures: Referring Agency Worker:** \_\_\_\_\_

**Young Person's Signature:** \_\_\_\_\_

*\*Hereby, the young person acknowledges and gives the YMCA of Simcoe/Muskoka permission to contact CAS to verify that they meet the eligibility requirements of the YITW Program.*

**Date:** \_\_\_\_\_

**Please scan referral form to YMCA:  
Amanda tepei@ymca.ca or fax to 705-726-5058**



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### Consent to Release Information

I / We: \_\_\_\_\_  
(Youth)

\_\_\_\_\_  
(Guardian's Name) (Relationship to Youth)

of \_\_\_\_\_  
(Address)

hereby consent to the:

Disclosure, transmittal or examination of any information regarding myself / ourselves in the possession of: \_\_\_\_\_ (Name of Agency or Person)

to **YMCA Youth Services and its sponsor the YMCA of Simcoe/Muskoka.**

Release of any information in the possession of the **YMCA Youth Services and its sponsor the YMCA of Simcoe/Muskoka** with respect to myself / ourselves to the Agency / Person (name above).

This consent continues to be in effect with respect to my personal consent from the date of signing unless revoked, in writing by myself.

\_\_\_\_\_  
Signature of Youth

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of YMCA Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date