



Youth Counselling Therapy Referral Form

This program, PFY Connect, supports timely access to counselling therapy for youth ages 14 to 24 that have been connected in some capacity to the Provincial Care system. A youth in need of support will make an initial connection to our designated staff team which includes a social worker —through a simple referral process. They will then be assessed to ensure the appropriate counselling need is met and then PFY staff will reach out on behalf of the youth to a licensed counselling therapist and make the first appointment for the consenting youth.

Follow up will occur with the youth from PFY to confirm appointment and address any barriers to attending, such as transportation. If needed, PFY will support up to 8 sessions of counselling therapy and will provide support while the youth is engaging in this program.

Referrals can be made by:

- By self-referral,
- Any community member,
- Family,
- School,
- Friend, and
- Professional support.

Once a referral is made — the youth will be contacted within the next business day to arrange a time to discuss the best counselling options determined through an intake process. Youth will be supported in addressing barriers to engaging in treatment, such as transportation; and payment which will be made directly to the practitioner.

Referrals can be made:

- Online at : (www.partnersforyouth.ca/en/wp-content/uploads/sites/2/2022/03/YouthCounselling-ReferralForm.pdf)
- Email: pfyconnect@partnersforyouth.ca
- Partners for Youth referral line: 506-282-1384. Please note —this is not a crisis line and phone will be answered **Monday to Thursday 10am to 2pm**. Leave a message and someone will call you back or feel free to text.

If you or someone you know is in immediate danger, please call 911 to contact local emergency services.

PLEASE DOWNLOAD THIS FORM IF APPLYING ON MOBILE DEVICES

(for Apple devices you would download the form to your files app in the “On my iPhone” category,
& for Android it would be to downloaded to a folder called “My Files/Downloads”)

ONCE COMPLETED E-MAIL REFFERAL FORM TO :

pfyconnect@partnersforyouth.ca



Date: _____

Referral Information - to be completed by the referral source

Are you referring on behalf of a youth? Yes No

If Yes,
Is the youth aware that you are contacting us on their behalf? Yes No

Name of referral source : _____

Contact information for referral source : _____

Name of youth : _____

Date of birth (year/month/day) : _____

Preferred gender pronoun(s) : _____

Citizenship : _____

Language preference : _____

Current Address : _____

In order for us to best direct your needs — please answer the following questions to the best of your ability.

Is there a present diagnosis regarding mental health? Yes No

Please explain : _____

Do you have a history of trauma? Yes No

Do you or have you had any thoughts of ending
your life by suicide? Yes No

If you are presently experiencing thoughts of suicide or self harm, please contact
911 immediately.

Contact information for youth seeking counselling support.

Please provide the best contact information : _____

Can we leave a message? Yes No

Is there anything else you would like us to know? _____