



**NSTAY Family Referral Form**

**Referring Agency(if different from the client)**

Agency/organization: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
Name of Referee: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Client Information**

Name(of parent/family member of youth): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Safe to leave a message? \_\_\_\_\_  
Address/Location in Nova Scotia: \_\_\_\_\_

**Who lives in the home with you (please provide ages)?**

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

**Is the person who you are supporting aware of this referral?**

\_\_\_\_\_

**If not, please explain why:** \_\_\_\_\_

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

**Have you/the person who you are supporting been referred to any other organizations?**

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

