



Date of Referral:	Date Received: (Office use only)
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Service Request

<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Individual/Family Support	<input type="checkbox"/> Residential Support
<input type="checkbox"/> Independent Living	<input type="checkbox"/> Summer Program	<input type="checkbox"/> Social Programs
<input type="checkbox"/> Transition Planning	<input type="checkbox"/> Respite/Mentorship	<input type="checkbox"/> Information/Other

* In order to qualify for Residential and Independent Living Services you must be attached to Community Living Service Delivery (CLSD) through the Ministry of Social Services.

Personal Information

Name:		
Mailing Address:		
Physical Address:		
Date of Birth:	Age:	Gender:
Phone Number:	Alternate Phone Number:	Email:
Preferred method of contact:	<input type="checkbox"/> Text Message	<input type="checkbox"/> Email
<input type="checkbox"/> Phone		

Parent/Guardian Name (If Applicable):	Phone Number:
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Primary Concern/Request/Reason for Referral



HDCS REFERRAL FORM

517 Main Street – Box 1355

Humboldt, SK S0K 2A0

Phone: 306-682-1455 Fax: 306-682-1290

Email: general.hdcs@gmail.com

Referring Organization Information:

Referring Organization Name:	
Contact Name:	Contact Number:
Contact Email:	
Nature of your involvement/Support provided:	

Is the Client Aware of this referral
<input type="checkbox"/> Yes
<input type="checkbox"/> No (Please speak with client prior to submitting referral)

Additional Notes from Referring Organization:

Signature of Referring Contact:	Date:
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Please mail, email, or fax form to HDCS using the contact information at the top of the page.