

## **INSTRUCTIONS – PLEASE READ BEFORE FILLING OUT THIS FORM**

This form is for Newcomers (ages 6 -15) **ONLY** – For Canadian citizens, please fill out the Canadian Citizen Referral application, which can be found on our website [ThePeerProject.com](http://ThePeerProject.com).

If the child being referred is **NOT** a Canadian citizen, has been living in Canada for 10 years or less, and is between the ages of 6 & 15, this is the right form for you.

## **SUBMISSION METHODS**

### **Save, Fill & Email:**

Download and complete the fillable PDF. When finished, attach to an email and send to [intake@yay.org](mailto:intake@yay.org)

***Please note:** If this document opens in your web browser's PDF reader by default, we strongly suggest that you save this form to your computer **before** you begin filling it out. The form may not save your information if you try to save it after you have filled it out in your web browser. Additionally, though any PDF viewer program will work for completing this form, we suggest using Adobe Acrobat.*

### **Print, Fill, Scan & Email:**

[intake@yay.org](mailto:intake@yay.org)

### **Print, Fill, Send by Paper Mail:**

The Peer Project – Youth Assisting Youth  
5734 Yonge St., Suite 401 Toronto, ON  
M2M 4E7

### **Print, Fill & Fax:**

416-932-1924

- Please do your best to provide as much information as possible. At the very least, fields indicated with a red border must be completed. Submitted forms with these boxes left empty will not be accepted.
- If completing this form by hand, please read carefully and print clearly. Incomplete forms will not be accepted.
- The match with a Volunteer is based upon common interests, compatibility and close proximity to one another.
- The Peer Project strives to promote diversity. We ask your cooperation in adhering to our Access & Equity Policy.
- This form can be completed by the parent/guardian or with the assistance of a worker from an organization, health practitioner, School Board, or any other agency that is currently involved.
- It is the responsibility of the worker and the child's parent/guardian to ensure that we have received the application.

OFFICE USE ONLY

Date Received: MM / DD / YYYY

Client ID: JR \_\_\_\_\_

Worker: \_\_\_\_\_



YOUTH ASSISTING YOUTH

**Newcomer Program - Referral Application - PLEASE NOTE THAT ALL INFORMATION IS CONFIDENTIAL**

Date: M / DD / YYYY

To be completed by the parent/guardian(s) or in conjunction with a referral worker.

**Reason for referral**

Social  Behavioral  Emotional  Trauma  Other: \_\_\_\_\_

**Please print clearly:**

Child/Youth Name \_\_\_\_\_

First name

Last name

Date of Birth \_\_\_\_\_ (mm/dd/yyyy) Age \_\_\_\_\_ (child must be 6-15 years old)

Gender  Male  Female  Other \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Buzzer Code \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-mail \_\_\_\_\_

(Please provide your frequently used email address to receive program and event updates, this information will not be shared)

Emergency Contact (other than parent) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Parent/Guardian**

Parent/Guardian Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ (m/d/y) If Guardian, please note relationship to child \_\_\_\_\_

Will an interpreter be needed?  Yes  No Language Requested \_\_\_\_\_

**Newcomer Information**

WAS THE CHILD BORN IN CANADA or HAVE CANADIAN CITIZENSHIP?  Yes  No

If no, please indicate the arrival date \_\_\_\_\_ Where was child born? \_\_\_\_\_

**IMMIGRATION STATUS**

Landed Immigrant  Convention Refugee  Family Class  Other \_\_\_\_\_

**IMMIGRATION/PERMANENT RESIDENCE/LEGAL STATUS #** \_\_\_\_\_

Child's languages spoken \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Parent/Guardian languages spoken \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Family Relationship**

Please write the name of any other people living in the same household as the child.

Name	Age	Gender	Relationship

**Referring Source (if applicable)**

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Ext. \_\_\_\_\_

Agency \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_