COMMUNITY LIVING
Kincardine and District
Inspiring Possibilities

Box 9000, 286 Lambton Street
Kincardine Ontario, N2Z 2Z3
(T) 519-396-9434 (F) 519-396-4514
e-mail: clkd@tnt21.com
website: www.clkd.ca

FAMILY SUPPORT REFERRAL INFORMATION

INDIVIDUAL INFORMATION		
Name:	Date of Birth:	
Address:		
City:	Prov.: ON	Postal Code:

PRIMARY CAREGIVER/FAMILY		
Relationship:	Email:	
Name:		Home Phone:
Address:		Cell Phone:
City:	Prov.: ON	Postal Code:

FAMILY/CAREGIVER		
Relationship	Email:	
Name:		Home Phone:
Address:		Cell Phone:
City:	Prov.: ON	Postal Code:

REFERRAL SOURCE	
□ Self	□ Other:

HOW DID YOU FIRST LEARN ABOUT CLKD SERVICES & SUPPORTS?				
□ School / Teacher	□ Family doctor	□ Pediatrician	□ Preschool Resource	□ Social media / Facebook
□ Other:				

OTHER SERVICE PROVIDERS INVOLVED		
Agency/Professional:	**Contact Person**	**Contact Info**
Family Doctor		

Documentation to prepare for initial appointment: Assessment (doctor, pediatrician, school)
Child's Birth Certificate
Child's Health Card

Received By (CLKD Staff) :_____ Date: _____