



Referral for PCFC Peer Support Services

Tel. No: (705) 526-4569 Fax. No: (705) 527-0300 Email: PCFC@waypointcentre.ca

Services for an individual ☐

Services for a Family member ☐

Name of Person _____

Age range: 16 - 25 ☐ 26 - 55 ☐ 56+ ☐

Address: _____

Tel. No. _____ Can a message be left at this number: Yes No

Email address: _____

Any additional information the individual would like to share:

Self Referral: ☐

Agency Referral: ☐

If Agency referral, please provide the following:

Agency Name and contact: _____

Tel. No. _____ Email: _____

The referred person has given permission for this referral to be made: ☐

Only confirmation of contact with the individual referred will be sent to the referring agency.

OFFICE USE ONLY:

Date
Received: _____

Date of first
Contact: _____

By: _____

By: _____