



RESOURCES FOR EXCEPTIONAL CHILDREN AND YOUTH - Durham Region

Referral for Respite Support for Children with a Dual Diagnosis

Families who feel that their child/youth qualifies for this funding, can complete and submit the following referral form at any time. Submission of this form and diagnostic information will be utilized to determine if criteria for funding is met. If child/youth meets the criteria for funding, family information will be added to the mailing list and family will receive an application to be completed for the next available funding period. For criteria for funding, please check under programs at www.rfecydurham.com.

Child's Name:	Date of Birth: ____/____/____ (dd/mm/yy)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address (including Postal Code):	Parent1/Guardian1 Name:	
	Parent2/Guardian2 Name:	
Telephone Number:	Email Address:	
Preferred Method of Contact: E-mail Telephone		
Child's Diagnosis:		
Confirmation: Submitted to RFECY and on file <input type="checkbox"/> Attached <input type="checkbox"/>		
Custody:		
<input type="checkbox"/> Two Parents/ Guardian <input type="checkbox"/> One Parent/Guardian (Name) _____		
<input type="checkbox"/> Other (Name) _____		
Community Case Manager: (if applicable)		
Agency: _____		
Contact Name: _____ Telephone #: _____		
I/We hereby certify that the information contained in this referral is accurate to the best of my/our knowledge and I/we hereby consent to review by R.F.E.C.Y. for consideration of funding.		
Parent/Guardian1 Signature _____ Date _____		
Parent/Guardian2 Signature _____ Date _____		
Youth Signature _____ Date _____ (if applicable)		
For Office Use Only:		
Criteria Met _____ Added to Mailing List _____		
Approved by: _____ Date: _____		