

KAIROS REFERRAL FOR SERVICE



559 Bagot Street, Kingston
Ontario, K7K 3E1
Telephone (613) 548-4535
Fax (613)548-1747
into@youthdiversion.org

When referring a young person to the KAIROS program, please fill in the referral form to the best of your ability. It is best for us to have the complete information if possible. Email to info@youthdiversion.org

Youth Information	
Name:	DOB M/D/Y
School/Location:	Grade:
Contact Information	
Home Address:	
Parent Number:	Youth Number:
Referral Information	
Person Referring:	Date of Referral M/D/Y
Contact Number/Email:	
Reason for Referral:	Is youth aware of this referral: YES NO

If this document contains information about a young person, please be advised that the information contained is confidential. Use of the information without written consent of the young person may be a criminal offence. It is also a criminal offence to publish in any manner information relating to a young person being dealt with under the Youth Criminal Justice Act.