



Newcomer Services

REFERRAL FORM

Date of Referral: _____

Program: ☐ **Youth Employment** ☐ **Adult Employment** ☐ **Intensive Family Support**

Referral Office Name: _____

Referral Agency Contact: _____ Office Number: _____

Name of Client: _____ Phone Number: _____

Email: _____

Client Background Information - e.i. work, education, CLB level:

Does the client know of this referral? ☐ Yes ☐ No

*****If you are referring a client to the Intensive Family Support program, please have the client fill out an intake form as well. Click this link to take you to the form:**

http://docs.wixstatic.com/ugd/6f3397_ba747ac9d8e947b983cf2afa8feb43b0.pdf

Please scan and email this referral to newcomerservices@cfsregina.ca or fax it to (306) 525-0164

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Fax: 306-525-0164
Email: newcomerservices@cfsregina.ca
Web: www.cfsregina.ca