



## Monarch Men's Services Referral Form

DATE: \_\_\_\_\_

**IMPORTANT: This referral form is optional; it is NOT required to begin services. To schedule an assessment appointment, please contact the Assessment Coordinator by phone 705-674-4193 X 3224 or toll free at 1-877-431-6713 x 2234 or via e-mail at [info.men@srmonarchrs.ca](mailto:info.men@srmonarchrs.ca)**

If you are a referring agency and/or providing a copy of a self-referral, the completed form can be printed and faxed to **705-671-8069** or sent via email to [info.men@srmonarchrs.ca](mailto:info.men@srmonarchrs.ca)  
 Please Note: Sending a referral on behalf of a participant is not implied consent to disclose information; a written consent must be signed in order to share information with referring agency.

<b>Referring Agency (if applicable)</b>	
Name of Agency	
Worker's Name	
Contact Information	

<b>Personal Information</b>	
Participant Name	
Date of Birth Day/Month/Year	
Phone Number	<i>Consent to call the phone number provided? Yes <input type="checkbox"/> No <input type="checkbox"/> Can we leave a voicemail? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
Email Address	<i>Consent to e-mail the e-mail address provided? Yes <input type="checkbox"/> No <input type="checkbox"/></i>

<b>Please indicate which program(s) you are interested in.</b>	
Men's Community Treatment Program	<input type="checkbox"/>
Men's Residential Recovery Home	<input type="checkbox"/>
Pregnancy/Parenting Outreach Program (PPOP)	<input type="checkbox"/>
Men's Aftercare Programs and Residence	<input type="checkbox"/>