

**NWT Disabilities Council
Respite Program
Referral Form**

Community: _____

Referral Completed By: _____

Position in Community: _____

1) Child/Youth Name: _____ Age: _____

2) Does this child/youth live with their legal guardian? (Children in Foster Care are not eligible)

- Yes
- No

Legal Guardian name: _____ Contact #: _____

3) What type of Disability does this child/youth have (please check all that apply)

**Does not have to be diagnosed

- Physical
- Cognitive
- Sensory
- Psychiatric
- Intellectual
- Learning Limitations

4) Is this disability:

- Diagnosed
- Suspected

5) Please give a description of the disability of the child/youth you are referring:

6) Please identify the reasons why you believe this family qualifies for/will benefit from Respite services:

7) Other Comments:

Signature of Individual Referring the family: _____

**Please email back to respites@nwtability.ca , or fax to 1-867-873-4124.

Thank you very much for your time. If you have any questions or further comments, please contact:

Respite Coordinator

NWT Disabilities Council

1-888-873-8231

respites@nwtability.ca