



## RaYSTART (Striving Towards Addiction Recovery in Transitions) Referral form

RaYSTART aims to support individuals who are exiting health, mental health and addictions, and/or treatment facilities to provide continuous care from an in-patient facility into the community. Youth who are referred to RaYSTART will be assigned a Mental Health and Addiction Case Manager to support them in the community and connect them to RaY wrap around supports. RaYSTART referrals should be sent to [raystart@rayinc.ca](mailto:raystart@rayinc.ca)

Date of Referral: \_\_\_\_\_

**Participant information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ Pronouns: \_\_\_\_\_

**Referring Agency/Individual:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date entered treatment/facility: \_\_\_\_\_

Housing in community (upon discharge): \_\_ needs housing \_\_ stable housing

Reason for Referral: (Please provide a brief description of the client's situation and the reason for referral.)

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Additional Notes: (Include any other relevant information, such as co-occurring mental health issues, medical history, and what other support systems are involved.)

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Signature of participant: \_\_\_\_\_

Signature of Referring Individual: \_\_\_\_\_

Date: \_\_\_\_\_

**Once completed, please send form to [raystart@rayinc.ca](mailto:raystart@rayinc.ca)**