



Settlement and Education Partnership in York Region



FAX to SEPYR office at (905) 731-8264

School Name: _____

Date: _____

Name of referring school staff: _____

Phone: _____

Consent Form

Family Code _____
(For completion by Settlement Worker)

Client Code _____
(For completion by Settlement Worker)

I, _____ *(Parent's Name/Guardian/Student)*, hereby give permission for the School Settlement Worker to contact me and my family about services and resources that are available in the school and in the community. I understand that my name/my child's name(s), phone number(s) and the information below will be given to the School Settlement Worker.

Our family members are:

Name	Relationship	Gender		Date of Birth <i>MM/DD/YYYY</i>	If Applicable	
		Male	Female		School	Grade

Current Address: _____

Email address: _____

Country of Origin: _____

Language/s Spoken: _____

Last Country of Residence: _____

Immigration Status: _____

Date of Arrival: _____

Re-entry Date: _____

Phone: _____
(Home)

_____ *(Work)*

_____ *(Cellular)*

Signature _____
(Parent/Guardian/Student)

Date _____

(For Completion by Settlement Worker)

Intake Worker _____

Registration Site _____

SEPYR is a partnership program of Catholic Community Services of York Region, York Region District School Board, York Catholic District School Board and Citizenship and Immigration Canada.

SEPYR address: St. Joseph the Worker CS. 475 Brownridge Drive. Thornhill. Ontario L4J 5Y6. Phone: (905) 731-8281

For Completion by Settlement Worker

Settlement assistance provided:

- Initial assessment
 Information Session (one-on-one)
 Group Orientation
 New Moves & other videos
 Para-counseling
 Information Materials
 Advocacy
 Other services, specify _____

Referral Type:

- School Board Resource
 Community Resource
 Other Services, specify _____
 Settlement Resource
 Volunteer Resource
 Welcome Centre, specify _____

Client received the following services:

- Cultural
 Education
 Employment
 Language Training
 Housing
 Family Issues
 Transportation
 Finances/Income Security
 Health
 Youth Issues
 Immigration
 Library/Recreation
 Orientation
 Social Issues
 Legal Concerns
 Other Services, specify _____

Client's expectation(s): _____

Recommendation:

- Follow-up within 2 days
 Follow-up after 2 days
 Client refused service

Comments: _____

Follow-up services handled by: _____

(Name of Settlement Worker)

(Date received)

Record of Sessions

Date	Family member	Type/Length of Service in minutes			Location	Comments/Services Provided
		In-person	phone	e-mail		

Case closed by: _____

(Settlement Worker)

Date: _____

Approved by: _____

(SEPYR Program Coordinator)

Date: _____

Note: The Consent Form will be dated upon receipt and the original will be given to the SW assigned to the client. Submit a copy to SEPYR Coordinator.