# CHILDREN & YOUTH FOR DOMESTIC PEACE / CWWA
## Referral Form

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| OFFICE USE ONLY | | |
|---|---|---|
| File #: | Previous File #: | |

Date of Referral: ______________

## 1. CHILD/YOUTH INFORMATION

Child/Youth's Name: ______________ D.O.B.: ______________ Age: ______

Home Address: ______________ (Street No, Street Name)

______________ (City, Postal Code)

Living Arrangements: (Who does the child live with?) ______________

Phone Number: ______________

Mother's Name: ______________ Father's Name: ______________

Guardianship: ☐ Yes ☐ No ______________ Guardianship: ☐ Yes ☐ No ______________

Phone: ______________ Phone: ______________

Email: ______________ Email: ______________

Languages Spoken at Home: ______________ Cultural Group Identified With: ______________

## 2. REFERRING SOURCE INFORMATION

Referring Source: ☐ Self ☐ M.C.F.D. ☐ School ☐ M.H. ☐ Other ______________ Agency/Program

Contact Person: ______________ Position: ______________

Phone: ______________ Fax: ______________ Email: ______________

Client has been provided with program information. ☐ Yes ☐ No Client has consented to referral. ☐ Yes ☐ No

What other services/programs has this client been referred to?

______________

****As a referral source your feedback is important to us. Would you prefer the feedback survey by:** ☐ Fax ☐ Email

## 3. REASON FOR REFERRAL

Has the child/youth witnessed or been exposed to intimate domestic violence? ☐ Yes ☐ No Timeframe: ______________

Does the alleged offender live in the same home as the child/youth ☐ Yes ☐ No
Does the alleged offender have parenting time/access to the child/youth? ☐ Yes ☐ No Provide details:

______________

Briefly describe the emotional and/or behaviour concerns for the child/youth: ______________

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