

**WOMEN EMPOWERMENT PROGRAM
Referral Form**



Please fill this form and emailed or faxed to the DVIP program
at Email: intake.dvip@options.bc.ca or Fax: 604.572.7413.

Referral Date: _____ Referred by: _____

Phone: _____ Fax: _____ Email: _____

Client Name(s): _____

Ethnicity: _____ Date of Birth: _____

Home Phone: _____ Okay to leave a message? Yes No

Cell Phone: _____ Okay to leave a message? Yes No

Preferred Language: _____ Other Language(s): _____

Special Needs/Disability: Yes No _____

Does client identify as Aboriginal? Yes No

Marital Status:

Married Common Law Separated Divorced Single Other: _____

Currently living with partner: Yes No

All information on this form will be handled in accordance with OCS's confidentiality policies.

If you have any questions about the use of this form, or making a referral, please call the Manager of the DVIP Program at: **604.596.4321**. Cell Phone: **604.809.5742**

