

Referral Form 1B – TO BE COMPLETED BY THE REFERRING AGENT

Bravestone Centre assures you that the following information will be held in confidence as far as is permitted under the law.

Some of the factors of consideration/criteria for referral:

does not have an active alcohol or drug problems	is not actively suicidal or active	does not have a history of violence toward others	not currently experiencing psychiatric illness that will impede program participation
lethality of the situation	suicidal tendencies number of children	history of abuse by partner	nature of outside supports
in need of ongoing support while making the transition from an abusive relationship	willing and able to participate in programming for up to one year	willing and able to live in designated area	willing and able to ensure children's participation in programming for up to one year

1. Applicant's Name: _____

2. Referring Agent/Organization: _____

Address: _____

Phone: _____

Worker's Name: _____

3. What has been the nature of your involvement with the applicant and her family?

4. Is there a history of addictions or harmful coping? Yes [] No [] Unknown []

Please describe: _____

Last known use timeframe? _____

7. Why are you referring this woman and her family to Bravestone Centre.?

8. Please list the woman's strengths and limitations.

9. Do you have any additional comments?

Referring Agents Signature

Date