STOP

Intimate Partner & Domestic Violence
Referral/Application Form

JohnHoward SOCIETY OF BRITISH COLUMBIA

William & Associates Counselling Services

Full Name

Birth Date DD/MM/YYYY

Date of Referral

Sex:

Aboriginal
- ◯ Yes
- ◯ No

Have Children
- ◯ Yes
- ◯ No

Children Ages

Phone Contact #1:

May we leave a message at this #?
- ◯ Yes ◯ No

Phone Contact #2:

May we leave a message at this #?
- ◯ Yes ◯ No

E-mail:

Address:

Relationship Status

Involved in Criminal Justice System

Are there legal conditions we should know about? If Yes, please explain:

Submit referral form to:

FAX: **250-763-1483**

E-MAIL: **info@jhsok.ca or hello@wacs.ca**

Call/text: **236-420-1155 for more information**

STOP is a program of the John Howard Society offered in partnership with William & Associates Counselling Services.

Referral contact information is collected and stored so STOP program staff can contact applicants for upcoming STOP start dates and conducting further screening.

STOP is free and voluntary and all information is kept in strict confidence and according to relevant statues.