

Full Name _____ Birth Date DD/MM/YYYY _____ Date of Referral _____

Sex: _____ Aboriginal _____ Have Children _____ Children Ages _____

Yes _____ Yes _____

No _____ No _____

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: michelle.l@jhsok.ca
ADDRESS: 1440 St. Paul Street Kelowna BC, V1Y 2E6

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 statutes.