

## Safer Spaces Referral Form

Referring Agency	<u> </u>		
Agency/Org:	Date of Referral:		
Name of Referee:	City:		
Phone Number:			
Have long have you known the client you are referring?	) 		
<u>Client Information</u>	<u>n</u>		
Name:			
DOB:	Gender Identity:		
Phone Number:	Is it safe to leave a message: Y N		
Does the client identify as being: Sexually Exploited	d Sexually Trafficked		
Engaged in Sex Wo	ork		
Current living situation: Homeless Shelter/Transiti	ion House Couch Surfing		
Family Other Unsafe/II	nstable living environment		
City currently living in:			
Has the client self-identified housing as a need? Yes	No		
Is the client aware of this referral?  If not, please explain why:	No		
Has the client been referred to any other organizations?	Yes No		



Would the client be open to peer support through the NSTAY program?	Yes		No
Background information/Reason for the referral:			
Is there a perpetrator(s)? Yes No Name(s):			
varie(s).			
Is the client currently separated from the perpetrator(s)?  Yes If yes, for how long:		No	
Is the perpetrator(s) incarcerated?  Yes  No			
Is the client in contact or communicating with the perpetrator(s)?	Yes		No
Has anyone made threats towards the client?  Yes  Please explain:	No		
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Other safety concerns:



Does your client consent to being contacted by the	eam?	Yes	No				
Is there a preferred method of communication?	Call Social Media	Text	E	Email			
Additional communication information if needed (i.e. email address or social media handle):							
Referee's Signature:							
Date:							

 $Return\ to\ email: safer spaces @ywcahalifax.com$