



YWCA
HALIFAX

NATIONAL ADVOCACY.
COMMUNITY ACTION.

NSTAY Family Referral Form

Please send completed form to nstay@ywcahalifax.com

Answer as much as you feel comfortable

<u>Referring Agency (if different from client)</u>	
Agency/ Org: _____	Date of Referral: _____
Referring Staff: _____	City/ town: _____
Phone number: _____	Email: _____

<u>Parent/ Family Member Information</u>	
Name (of parent/ family member of youth): _____	
Gender Identity: _____	Racial/ Ethnic Identity: _____
Member of the LGBTQ2+ community? _____	
Phone number(s): _____	Safe to leave a message? _____
What is the client relationship to the youth? (ex. Biological/ foster/ Grand parent, residential care staff)? _____	
Is the client currently involved with child protection? _____	
Address/ Location in Nova Scotia _____	

Who lives in the home with the client? (Please provide ages)?

Is the person who the client is supporting aware of this referral?

If not, please explain why: _____



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Has a referral been made to any other organizations?

Background Information/Reason for Referral

Is the youth currently separated from the perpetrator?

If yes, how long have they been separated? _____

Is the perpetrator incarcerated? _____

Is the youth in contact or communicating with the perpetrator?

Has anyone made threats toward you/the person?

Any other safety concerns: _____

Signature: _____ Date: _____