



YWCA
HALIFAX

NATIONAL ADVOCACY.
COMMUNITY ACTION.

NSTAY Referral Form

Please send completed form to nstay@ywcahalifax.com

Referring Agency Information

Agency/ Org: _____

Date of Referral: _____

Referring Staff: _____

City/ town: _____

Phone number: _____

Email: _____

Client Information

Full Name: _____

Preferred Name: _____

DOB/ Age: _____

Gender Identity: _____

Member of the LGBTQ2+ community? _____

Racial/ Ethnic Identity: _____

Phone number(s): _____

Safe to leave a message? _____

Is there someone we can contact if we can't reach you? Yes / No

If you answer yes to the above, please provide their name _____

What is your relationship to them? _____ Contact number: _____

Address/ Location/ Living Situation: _____

Is the client aware of this referral? _____

If not, please explain why: _____

Has the client been referred to any other organizations? _____



YWCA
HALIFAX

NATIONAL ADVOCACY.
COMMUNITY ACTION.

Background Information/Reason for Referral

Does client require any immediate support? _____

Is the client currently separated from the perpetrator?

If yes, how long have they been separated? _____

Is the perpetrator incarcerated? _____

Is the client in contact or communicating with the perpetrator? _____

Has anyone made threats toward the client? _____

Any other safety concerns: _____

Does the client consent to being contacted by the NSTAY team? _____

Referring Staff Signature: _____ Date: _____