

# Second Stage Housing



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N5R 6B6**

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## REFERRAL FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you currently in an abusive relationship?.....yes \_\_\_\_\_ no \_\_\_\_\_

Have you recently left an abusive situation? .....yes \_\_\_\_\_ no \_\_\_\_\_

Referral Source: \_\_\_\_\_

Current Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Is it safe to contact you at this number .....yes \_\_\_\_\_ no \_\_\_\_\_

If no, please provide alternate contact \_\_\_\_\_ Telephone: \_\_\_\_\_

If you will be moving from your current address, how might we contact you?

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please indicate when it is best to contact you. ....Day (s) : \_\_\_\_\_ Time (s): \_\_\_\_\_

Is English your first language? .....yes \_\_\_\_\_ no \_\_\_\_\_

If no, please indicate first language: \_\_\_\_\_

Interpreter Required: yes \_\_\_\_\_ no \_\_\_\_\_

Would your children be living with you? .....yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please list ages / genders of children. \_\_\_\_\_

Do you require any special assistance in order to attend and partake in an initial interview?

No \_\_\_\_\_ Yes \_\_\_\_\_ Please explain \_\_\_\_\_

**PLEASE SEND THE COMPLETED FORM via email to [staff.stessh@rogers.com](mailto:staff.stessh@rogers.com)  
or fax to 519-637-2288 or please call 519-637-2288 for further assistance.**