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Email: secondstage.stessh@rogers.com

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 thsp.stessh@rogers.com
or fax to 519-637-2213 or please call 519-637-2288 for further assistance.**