



3082 3rd Avenue, Port Alberni, BC V9Y 2A5

Phone: (250) 724-7111

Fax: (250) 724-7113

Third Party Referral

If your client needs to access the Transition House please have your client phone the Transition House directly: 250.724.2223

To our Community Partners: Please note, this form may become part of the client's file and as such, is at risk of subpoena.

We will contact the client directly to determine which of our services, if any, are appropriate for their needs.

Thank you for supporting our efforts in Breaking the Cycle of Abuse

Client Name: _____ Pronouns: _____
Client birth date: _____ Client Phone: _____
Parent or Guardian: _____ Phone: _____
Best time to call: _____ Safe to leave messages? Yes No
Referred by: _____ Agency: _____
Agency Phone: _____ Date of referral: _____
Agency Fax: _____
Reason for referral: _____

Our Programs

- PEACE Program** – individual and group counselling for children and youth, ages 3-18, who have been exposed to abuse.
- Victim Support Services** – support for women, men, children and youth who are victims of intimate crime.
- Stopping the Violence** – provides essential counselling and support (including information, referrals) for women who have experienced sexual assault, violence in relationships, and/or childhood abuse.
- Women's Outreach** – individual and group support for women who have experienced, or are at risk of experiencing, violence in an intimate relationship or other relationships of trust.
- Community Resource & Drop-in Centre** – a safe environment for **anyone** who wishes to access community information or referrals.

Note: This data is collected for the management of client files within the Agency, and no information will be shared with outside sources, without the express, written consent of the client. This is in accordance with the regulations contained in the Personal Information Protection Act. To contact the Privacy Officer, Sage Haven Society, telephone 250-724-7111 e103

A copy of this form has been provided to the client.

Client Signature: _____ Date: _____

Third Party Signature: _____ Date: _____

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