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• www.kcwa.net

FAMILY TEAM REFERRAL FORM

KCWA Family and Social Services is a non-profit organization that provides family and settlement services. Family Team provides counseling service and transitional support to people experiencing any form of abuse. We provide service to all gender and age groups, and are not limited by client's immigration status.

Please complete this form as fully and accurately as possible **under client's consent**, and send all pages by email or fax. We will get back to you within the next 10 business days with an exception of an emergency situation. Thank you.

- Email: family@kcwa.net / Fax: 416.340.7755 / Tel: 416.340.0775
- You can also find this form online at:
<http://www.kcwa.net/upload/doc/kcwa-family-team-referral-form.pdf>

PART I: CLIENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Female Male Other

Address: _____

Contact Number: _____ (safe to call or leave message identifying KCWA)

Email: _____ (safe to receive email from KCWA)

Preferred Language: Korean English Other: _____

Client is experiencing or has experienced domestic violence or any other abuse: Yes No

Client is in need of urgent support: Yes No

Mental Illness Diagnosis: Yes (Diagnosis: _____) No

PART II: REFERRAL SOURCE INFORMATION

Referring Agency: _____

Referrer's Name / Title: _____

Contact Number: _____ Fax Number: _____

Email Address: _____

Relationship to Applicant: _____

PART III: CLIENT'S SUPPORT NEEDS

Reason for Referral (check all that is applicable):

- Counseling (presenting issue: _____)
- Safety / Transitional Plan Transitional Housing Financial Support
- Legal Support Translation / Interpretation
- Other: _____

Synopsis / Case Summary Attached: Yes No

Additional Comments: _____

PART IV: REFERRER'S STATEMENT

I declare that the client is aware and has agreed with this referral, and that the information contained in this application is correct to the best of my knowledge.

Referrer's Signature: _____ Date: _____