



400 Queen Street South,
Kitchener, Ontario
N2G 1W7

External Referral Form

Date:

Client Name and preferred pronouns:

DOB:

Phone Number:

Is it safe to leave a voicemail? Yes No

Personal Email:

Address:

Referring Agency:

Worker Name:

Worker Contact Information:

Are any accommodations required? Yes No

If yes, please specify.

Is an interpreter required? Yes No

If yes, what language?

Reason for Referral:

Please email completed forms to coordinator@familyviolenceprojectwr.ca



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You have a right to have your information kept confidential. No information will be released to any partner agencies or outside organizations without your verbal or written consent. However, there are limits to confidentiality where the Family Violence Project of Waterloo Region may be required by law to make a report in the following situations:

- You demonstrate suicidal or homicidal intent
- You disclose that a child has been subject to neglect, abuse, or is at imminent risk of harm. This includes when a child has been witness to domestic violence.
- Disclosure is required by a court order

Client Signature

Date:

Witness Signature

Date:

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