

## Self Referral Form

Date:

Name and preferred pronouns:

DOB:

Phone Number:

Is it safe to leave a voicemail?      Yes      No

Personal Email:

Address:

Reason for Referral:

Are there any other agencies involved in supporting you right now?      Yes      No

If yes, please specify:

Do you require any accommodations?      Yes      No

If yes, please specify.

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

Signature:

Date:

Please email completed forms to [coordinator@familyviolenceprojectwr.ca](mailto:coordinator@familyviolenceprojectwr.ca)