

## Partner Safety Check Self-Referral

### Service Description

Partner Safety Check is a confidential and no-cost service for individuals who have experienced intimate partner violence. The program is voluntary and services are available over the phone, online or in person. We offer support and services to any victim of intimate partner violence, including:

- Assessment of current needs
- Safety planning
- Information and education about intimate partner violence
- Emotional support
- Navigation of community resources, supports and the justice system.

**This form is for self-referrals only. It cannot be submitted on another person's behalf.**

Date: \_\_\_\_\_

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Last name: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/Town: \_\_\_\_\_ Email: \_\_\_\_\_

Gender Identity:     Man     Woman     Non-binary     Two-spirit     None of the above

Ok to leave a message on home number:     Yes     No

Ok to leave a message on cell number:     Yes     No

Ok to text cell number:     Yes     No

#### Ethnicity:

|                   |                          |  |                          |
|-------------------|--------------------------|--|--------------------------|
| Caucasian         | <input type="checkbox"/> | Indigenous   | <input type="checkbox"/> |
| Korean            | <input type="checkbox"/> | Japanese   | <input type="checkbox"/> |
| African/Caribbean | <input type="checkbox"/> | West Asian (Iranian, Afghan, etc.)                     | <input type="checkbox"/> |
| Chinese           | <input type="checkbox"/> | South Asian (East Indian, Pakistani, Sri Lankan, etc.) | <input type="checkbox"/> |
| Filipino          | <input type="checkbox"/> | Latin American   | <input type="checkbox"/> |
| Arab              | <input type="checkbox"/> | Southeast Asian (Vietnamese, Cambodian, etc.)          | <input type="checkbox"/> |
| Other (Specify)   | _____                    |  |                          |

Preferred language: \_\_\_\_\_

Is an interpreter required:     Yes     No

I consent to the Partner Safety Check Coordinator calling me: \_\_\_\_\_

Signature