john howard society
Hamilton, Burlington & Area

REFERRAL FORM

Community Anger Management Program (CAMP) and/or Intimate Partner Violence (IPV)

905-522-4446 ext. 225
ebuckle@jhshba.ca

Referral Source: _____ Referral Date: _____

Name: _____

Number: _____

Email: _____

CAMP – MENS ☐ IPV – MENS ☐

CAMP – WOMENS ☐ IPV – WOMENS ☐

Client Information

Last Name: _____ First Name: _____

Preferred Pronouns:

Address: _____

Number/Unit Street City Province Postal Code

Phone 1: _____ 2: _____

Email: _____

Reason for Referral (lawyer, PO, Case Worker name/contact, etc.)

REFERRAL FORM

Community Anger Management Program (CAMP) or Intimate Partner Violence (IPV)

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IPV Matters

Victim Name: _____

Victim Phone Number: _____

Status of Relationship with the Victim: _____

Residing with new partner: Yes ☐ No ☐

New Partner's Name: _____

New Partner's Contact Info: _____

Are there children: Yes ☐ No ☐

If Yes, is there HCFS involvement: Yes ☐ No ☐ Worker: _____

Is Client Employed? Yes ☐ No ☐ Shift Work: Yes ☐ No ☐

Probation Start and End Date: _____

Are There Outstanding Charges: Yes ☐ No ☐

If yes:

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Notes

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Please attach any applicable orders or reports