

STOP - Stop Taking it Out on your Partner
Referral Form

Full Name

Birth Date DD/MM/YYYY

Date of Referral

Sex:

Aboriginal

- Yes
 No

Have Children

- Yes
 No

Children Ages

Phone Contact # 1:

May we leave a message at this # ?

- Yes No

Phone Contact # 2:

May we leave a message at this # ?

- Yes No

E-mail:

Address:

Relationship Status

Involved in Criminal Justice System

Are there legal conditions we should know about? If Yes, please explain:

Submit referral form to:

FAX: 250-763-1483

E-MAIL: michelle.l@jhsok.ca

ADDRESS: 1440 St. Paul Street Kelowna BC, V1Y 2E6

STOP is a program of the John Howard Society offered in partnership with
William & Associates Counselling Services.

Referral contact information is collected and stored so STOP program staff can contact applicants for upcoming
STOP start dates and conducting further screening.

STOP is free and voluntary and all information is kept in strict confidence and according to relevant statues.