



**Program for Children and Youth
Experiencing Violence**
Prevention, Education, Advocacy,
Counselling and Empowerment

**Elk Valley PEACE Program
Elkford Women's Task Force Society
PO Box 742 Elkford B.C. V0B 1H0
Ph. (250) 433-6353
elkvalleypeaceprogram@gmail.com**

Elk Valley PEACE Program Referral Form

Referral Date: _____

Name of Child	Date of Birth	Age	Gender

Are Parent(s)/ Legal Guardians aware of referral: YES NO

What is the current custody situation? _____

Parental Caregiver(s)	Relationship to child	Guardian/ Parent	Street Address	City/ Town	Phone Number

Reasons for Referral (issues/concerns): _____

Other Support Services/Practitioners involved with Child:

Name	Agency/Organization	Phone Number

Referral Agent (Organization): _____

Name: _____ **Phone Number:** _____

Signature of Child/Youth (if applicable)

Signature of Parent/Guardian (if applicable)

Staff Signature

Signature of Parent/Guardian (if applicable)

The Elk Valley PEACE Program complies with BC's privacy legislation. We must collect certain information about you in order for you to access the services provided. We will retain this information as long as required by our governing bodies. At any time, you may request access to this information. Confidentiality and privacy issues comply fully with the personal Information Protection Act (PIPA).