



Prevention
Education
Advocacy
Counselling
Empowerment

**PEACE PROGRAM
Referral Screening**



Date of Referral: _____

Referring Source: MCFD/Delegated office CYMH School Community Service Agency Other: _____

Contact Person: _____ Position: _____

Phone #: _____ Email: _____

PEACE Program Eligibility Criteria

The child/youth resides in Surrey.
 The child/youth is aged 3-18.
 The child/youth has been witness to or otherwise exposed to intimate partner violence within their family home.
 The alleged abusive adult DOES NOT live in the family home.
 The child/youth is not experiencing a mental health crisis, or otherwise require mental health intervention.
 There are no concerns that the child/youth has experienced sexual abuse.
 There are no concerns related to suicidal ideation or self-harming behaviours.
 The child/youth does not need or want therapeutic clinical counselling.
 The guardian can give informed consent for the child in English.

Child/Youth Information

Name: _____ D.O.B. _____ Gender: _____

Name: _____ D.O.B. _____ Gender: _____

Name: _____ D.O.B. _____ Gender: _____

Name: _____ D.O.B. _____ Gender: _____

Name of primary caregiver: _____ Relationship to child/youth: _____

Phone number: _____ Email: _____

Address: _____

Guardianship

If child/youth is in MCFD care, please indicate date of when the child was taken in to care: _____

Guardian's Name (if different from primary caregiver): _____ Relationship with Child: _____

Phone Number: _____ Email: _____

Notes: _____

Exposure to Intimate Partner Violence

Has been witness to or exposed to intimate partner violence:
 Physical Emotional/Verbal Drug and/or Alcohol Misuse

When did the separation with the alleged abuser take place? _____

Name of the alleged abusive adult and relationship to child/youth: _____

What parenting time does the alleged abusive adult have with the child/youth (days of week, frequency, hours of visits, etc.): _____

Additional relevant information about child(ren) and/or family.
