



Gender-Based Violence Program Referral Form

This form will be used to assess eligibility for the *Gender-Based Violence Program* and will give us a sense of your immediate needs. Based on the information provided, we will assign a primary worker whose role is best fit to address those needs. We understand that some of these questions are personal and you may feel uncomfortable answering them. We encourage applicants to be honest and detailed so that we can provide appropriate and comprehensive support.

Please note that we are not a crisis service. If you are in immediate danger, please contact 911 immediately. The *Canadian Human Trafficking Hotline (1-833-900-1010)* is available 24 hours, 7 days a week for telephone support and referral information. Protecting client privacy is critical to Strides Toronto. All information is processed in a confidential manner. Required statistical reporting to the Ministry of Children, Community and Social Services is absent of all identifying information.

Section 1: Personal Information

Name: _____ DOB (dd/mm/yyyy): _____ Age: _____
Gender: _____ Personal pronouns: _____
Ethnicity: _____ Religion and/or cultural identity: _____

Please specify which best describes your current immigration status:

Canadian Citizen Convention Refugee Refugee Claimant
 Student Visa Permanent Resident Other (specify): _____

Do you identify as FNIM (First Nations, Indigenous or Metis)? Yes No

First language: _____ Translator services needed? Yes No

Would you like support in finding culturally specific services? If yes, please specify _____

Section 2: Contact Information

Current Residence: _____
Street Apt#
City Postal code

Safe Telephone #: _____ Is it safe to leave a message at this #? Yes No

Alternative Telephone #: _____ Is it safe to leave a message at this #? Yes No

Safe Email Address: _____ Is it safe to email this address? Yes No

Preferred method of contact: Phone Text Email Consent to contact info above (initial): _____

Are there any details we should know about contacting you?



Section 3: Health Status

Do you identify as having a *disability*? Yes No

If yes, please specify: _____

Do you require any form of accommodation? Yes No

(An accommodation is a change that removes a barrier to learning or getting work done. For e.g., we have clients who need sign language or language specific interpretation services/elevator and ramps due to physical disability/need extra support with reading and completing forms)

If yes, please specify: _____

Do you have a family doctor? Yes No

Do you have any *mental health diagnoses*? Yes No

If yes, please specify: _____

When did you receive these diagnoses/What age were you? _____

Are you currently prescribed medication for your mental health? Yes No

If yes, please specify: _____

Have you ever been hospitalized for reasons related to your mental health? Yes No

If yes, please specify: _____

Section 4: Supports

Please list *all* the community supports you currently have in the chart below (eg. Therapist, Social Worker, Psychiatrist, ODSP/OW worker). This is for knowledge purposes and gives us a better understanding of your current support system. Nobody will be contacted without consent.

Worker Name	Agency	Services/Programs Involved In

Is there anyone you can turn to outside of your community supports? For example – friends or family members.

Yes No If yes, please specify: _____

Section 5: History

The Gender-Based Violence Team supports individuals who are *at risk* of human trafficking/sexual exploitation or those who have been involved in the sex trade by *choice, circumstance, or coercion*. This could include (but is not limited to):

Escort services	Often arranged via internet ads and meeting often occurs at motels/hotels
Illicit massage	Sex exchanged at massage parlours/ spa services
Outdoor solicitation	Individuals forced to find sex customers in outdoor locations
Residential sex trafficking	Commercial sex acts in a private home or a drug distribution home like a ‘Trap house’
Pornography	Forced to take part in pre-recorded sexually explicit videos/images
Personal sexual servitude	Forced into providing sexual acts in exchange for something of value to the same person over a period of time/can be within a forced marriage
Remote interactive	Forced to live stream sex acts/shows/ sex-based text chats/phone chat lines

Do you **self-identify** as being:

- *at risk* of sexual exploitation/human trafficking currently Yes No Unsure
- *at risk* of sexual exploitation/human trafficking in the past Yes No Unsure
- involved in the sex trade by *choice, circumstance, or coercion* currently Yes No Unsure
- involved in the sex trade by *choice, circumstance, or coercion* in the past Yes No Unsure

Please specify:

Do you have any concerns for your safety? Yes No Unsure

Please specify:

Section 6: Immediate Needs

What service(s) are you currently looking to receive through the Gender-Based Violence Program? Please refer to the “GBV Information Package” that you received with this form. Please select all that apply:

- Peer Support Case Management/Outreach Support Trauma Therapy Peer Groups

Below is a list of immediate needs/goals an individual may have. Please indicate any that you are looking for assistance with:

- identification documents financial assistance medical care employment
 trauma counselling court accompaniment housing subsidy advocacy
 mental health support a shelter bed budgeting support life skills
 legal consultation transitional housing goal setting social groups
 sexual health education long-term housing school enrollment food/clothing
 sexual health support addiction support other

- If you chose *other*, please specify:

Section 7: Agency Referral

If this referral is coming from a partner agency, this section is to be filled out by the individual's primary worker. *If you are self-referring, you can skip this section and just sign and date the form below.*

Referring agency: _____

Name of worker: _____ Position/role: _____

Telephone number: _____ Email: _____

How long have you been working with this individual? _____

What service(s) do you believe the individual would benefit from? Select all that apply:

- Peer Support Case Management/Outreach Support Trauma Therapy Peer Groups

Please list any programs or services the individual is currently involved in within *your* agency:

1. _____ 3. _____
2. _____ 4. _____

If a *community agency* is submitting this referral form on your behalf, please indicate whether the Gender-Based Violence (GBV) team has consent to contact the individual listed above with information on your admission decision.

- I give the GBV team consent to inform _____ (*name of worker*) of my admission decision.
- I **do not** give the GBV team consent to inform _____ (*name of worker*) of my admission decision. Please only contact me directly.
- I give the GBV team consent to inform _____ (*name of worker*) of my admission decision. I would also like them to contact me directly.

Signature of applicant: _____

Date: _____

Thank you for taking the time to fill out our referral form. Please make sure the form is signed and completed to the best of your ability prior to submission. Protecting client privacy is critical to Strides Toronto. Please email or scan and send referral form to: GBVinfo@stridestoronto.ca.

Referral forms are reviewed by the Gender-Based Violence team on a *weekly basis*. Thus, you should expect to hear from us within *5 business days* of your submission.