



## SECOND STAGE REFERRAL FORM

Brenda Strafford Society, Discovery House, and Sonshine Community Services provide integrated Second Stage Shelter services for abused women and children.

Information for completing referrals:

- **Please complete the referral form as soon as possible**
- **You must be fleeing domestic abuse situation**
- **You must have a source of income**
- **You are required to engage in programming as outlined by each agency**
- **Discovery House requires clients to have children residing with them the majority of time**
- **Brenda Strafford Society and Sonshine allow single women to live at the shelter**

If you are currently residing in an emergency shelter:

- **An agency release of information (ROI) signed by you must be submitted with this referral.**
- **A copy of the danger assessment, calendar and your safety plan that you completed with your worker must submitted with this referral.**

Please indicate whether the documents below have been submitted with your referral form. If you do not have these please ask your shelter worker to submit them.

Danger Assessment & Calendar       Yes  No  
Safety Plan                                       Yes  No  
Release of Information                       Yes  No

These documents must be provided for the referral to proceed.

Below is a brief overview of each Second Stage Shelter

<b>Heart Home Network</b>	<b>Discovery House</b>	<b>Sonshine Community Services</b>
<p>Heart Home Network's Brenda Strafford Centre (the Centre) has 34 shelter apartments. Family Counsellors and Case Managers are on site Monday through Friday and there is a 24 hour security personnel. There are 4 bachelor suites, 2 one bedroom apartments and 28 two bedroom apartments.</p> <p>Residents and their children are welcome to stay up to approximately one year, during which time they work with staff to set goals and connect with programs and services in house and in the community.</p> <p>After the one year stay there is an opportunity for families to transition into our Progressive Housing program which allows for an additional stay of up to one year. Single clients do not have the option to transfer to the Progressive Housing program.</p> <p>The team at Heart Home Network includes Family Counsellors, Case Managers and Child Development Specialists.</p> <p>Male visitors are not permitted at the Centre.</p>	<p>Discovery House has 19 self-contained apartments. 10 two bedroom units, 8 three bedroom units, and 1 four bedroom unit. 24-hour security personnel who oversee a state-of-the-art surveillance system is provided.</p> <p>Families are welcome to stay for up to one year, during which case managers and other supporting staff work with the families to achieve individual goals. Staff will connect families programs and services in-house and in the community. One year follow up is offered upon transition to the community.</p> <p>The team includes Adult Case Managers, Child and Youth Case Managers, Child and Youth Development Workers, a Trauma Informed Intensive Case Manager, and a network of peers.</p>	<p>Sonshine Residential Centre offers a wrap-around residential program for up to one year. Residency is dependent fulfilling program requirements. The program requirements include weekly on-site counselling, weekly groups and other program activities. Clients receive up to six months of follow-up after leaving the residential program to help them safely integrate back into the community and new accommodation.</p> <p>Sonshine Residential Centre has 24 self-contained apartments; 18 two bedroom and 6 one bedroom for women with or without children fleeing violence in Calgary.</p> <p>Sonshine Children's Centre provides specialized trauma informed day care for 28 children. This is a paid daycare for children living in the community and in the residence. Subsidies and funding can be applied for. The Children's Centre also has free residential childcare which can be booked for use during counselling, groups etc. Some respite childcare is also available. The residential childcare also has special events and some after school activities for children of all ages.</p> <p>Sonshine Centre is a secure, confidential facility located in a quiet neighborhood with easy access to schools, transit, and community resources. Our dedicated and highly qualified staff; along with an amazing network of volunteers walk alongside clients on their journey to healing and wellness.</p>
<p><input type="checkbox"/> Check here for <b>Heart Home Network Shelter Program</b></p>	<p><input type="checkbox"/> Check here for <b>Discovery House's Shelter Program</b></p>	<p><input type="checkbox"/> Check here for <b>Sonshine's Shelter Program</b></p>

Referral Date: -  
\_\_\_\_\_

1. Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(MM/DD/YY)
2. Why do you want to enter a 2nd Stage Shelter? \_\_\_\_\_  
\_\_\_\_\_
3. Please rate the following in order of importance 1 most important to 4 less important  
Housing   
Emotional Well-Being   
Keeping My Family Safe   
Financial Independence
4. Language(s) Spoken: \_\_\_\_\_ Country of Origin: \_\_\_\_\_
5. Immigration Status \_\_\_\_\_
6. Do you require an interpreter?  Yes  No
7. Has an emergency shelter or other agency referred you? If yes, details: \_\_\_\_\_  
\_\_\_\_\_
8. Who referred you? (name): \_\_\_\_\_ Phone Number: \_\_\_\_\_
9. Your Current Location: \_\_\_\_\_ Exit Date: \_\_\_\_\_
10. Previous Address (prior to shelter): \_\_\_\_\_
11. Safe Method of Contact – telephone number and/or email address where you can be reached (please indicate if the number is cell, home, office, friend, family etc.)  
Details: \_\_\_\_\_  
Phone number(s) \_\_\_\_\_ Is it safe to leave messages?  Yes  No  
E-mail address: \_\_\_\_\_
12. Are you pregnant?  Yes  No If yes, when is the due date? \_\_\_\_\_

13. Do you have children?  Yes  No If yes, please give details (Including children not living with you): (if necessary, attach a separate piece of paper with additional children's names)

	Children's Names	Relationship to Applicant son/daughter	Date of Birth (MM/DD/YYYY)	Location (i.e. with mom, TGO, etc.)
1.				
2.				
3.				
4.				
5.				
6.				

14. Please list names and Alberta Health Card Numbers for each member of your family including yourself (mom):

Name	Alberta Health Card Number
Client (e.g. Mom) _____	
_____	
_____	
_____	
_____	
_____	

15. Do all or some of your children reside with you fulltime?  Yes  No  
If not please explain: \_\_\_\_\_

16. Are Child Services currently involved with your family?  Yes  No  
Details: \_\_\_\_\_

17. Are there parenting orders in place at this time?  Yes  No  
If yes, details: \_\_\_\_\_

18. Have you experienced domestic abuse and/or are you currently fleeing an abusive relationship (partner or family member) ?  Yes  No  
Details: \_\_\_\_\_

19. In the last 6 months have you experienced abuse:  Yes  No

20. Have you completed a Danger Assessment at a shelter?  Yes  No Score: \_\_\_\_\_  
Date Administered: \_\_\_\_\_

21. Are there orders in place against the abuser (EPO, RO, NCO)?  Yes  No  
Details: \_\_\_\_\_

22. Do you have a source of income?  Yes  No Amount: \_\_\_\_\_

- Are you eligible for income support?  Yes  No
- Do you need subsidized housing?  Yes  No
- Do you have any outstanding debts?  Yes  No

Details: \_\_\_\_\_

23. What is source of your monthly income (please check all that apply):

- AB Works \$ \_\_\_\_\_
- Child Tax Benefit \$ \_\_\_\_\_
- AISH \$ \_\_\_\_\_
- Spousal Support \$ \_\_\_\_\_
- Employment \$ \_\_\_\_\_
- Other: \_\_\_\_\_ \$ \_\_\_\_\_

24. Do you need support with emotional health or wellness concerns?  Yes  No

Details: \_\_\_\_\_

25. Do you have any physical health concerns?  Yes  No

Details: \_\_\_\_\_

26. Do you have a current/past history of drug or alcohol misuse?  Yes  No

Details: \_\_\_\_\_

27. What additional supports do you need?

- Cultural Supports  Yes  No
- Immigration Support  Yes  No
- Addiction Support  Yes  No
- Mental Health Support  Yes  No
- Parenting Support  Yes  No
- Other (please specify): \_\_\_\_\_

Details: \_\_\_\_\_

28. Do you have any legal concerns at this time?  Yes  No

Details: \_\_\_\_\_

29. Are you on any other housing waitlists?  Yes  No

If yes, what agencies: \_\_\_\_\_

30. Have you previously resided at the Brenda Strafford Society, Discovery House or Sonshine Community Services?  Yes  No

If yes, which one: \_\_\_\_\_ What year? \_\_\_\_\_

