



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



Comox Valley
Transition Society

PEACE PROGRAM REFERRAL SCREENING

Date of Referral: _____

REFERRING SOURCE CONTACT

Referring Source: ___ MCFD ___ CYMH ___ School ___ Community Service Agency ___ Other: _____
 Contact Person: _____ Position: _____
 Phone #: _____ Email: _____

PEACE Program Criteria (please check items)

- ___ The child/youth is aged 3-18
- ___ The alleged abusive adult **DOES NOT** live in the family home
- ___ The primary concern is not related to suicidal thoughts or self-harm
- ___ The child/youth is not currently receiving services for mental health concerns/diagnosis
- ___ The primary concern is not related to sexual abuse

Child/Youth Information

Name: _____ D.O.B. _____ Age: _____
 Name of Primary Caregiver: _____
 Relationship to child/youth: _____
 Phone #: _____ Address: _____
 Guardian's Name (if different from primary caregiver): _____
 Guardian's relationship with child/youth: _____
 Have you been in the PEACE (CWWA) program before? Yes ___ When? _____ No ___

Exposure to Intimate Partner Violence

Has been witness to or exposed to intimate partner violence: ___ Physical ___ Emotional
 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.) _____

Service Delivery Focus

Which of the following topics would be most beneficial to your child?

- ___ Safety Planning ___ Domestic Abuse
- ___ Dating/Teen Violence ___ Coping Skills
- ___ Identifying & Expressing Feelings
- ___ Parent Separation (grief/loss) ___ Self Esteem

*Please choose **at least one area** of parenting supports that would be beneficial to you:*

- ___ How to talk to your child about the abuse
- ___ How to manage the impact of the abuse/ stress on parenting
- ___ How to create structure, routine & boundaries

Please complete this form and fax it to the Comox Valley Transition Society at 250-897-0595 or drop it off at 625 England Avenue in Courtenay and a PEACE counsellor will contact you within two weeks