

Referral Form for Intimate Partner Violence Programs

I am referring the person identified below to the **OPTIONS: Healthy Relationships** program, giving men, and women the opportunity to heal and build healthy family relationships and end the use of violence. Please use a separate form for each client being referred. Email completed form to the email address above.

Referral to: Caring Dads Women's Group Men's Group

Referral Information

Name of referring agent: _____ Date: _____

Title and Agency: _____

Phone number: _____ Email: _____

Client Information

Client's Name: _____ D.O.B (dd/mm/yr) ____/____/____

Phone # _____ Is a message OK at this number? Yes No

Email address: _____

Address: _____

Important: Please discuss with your client

Many clients do not have the opportunity to participate in group due to our inability to contact them. In the event that we are unable to contact you due to moving or your telephone number changing, please indicate below the name and phone number of someone who will always know where to contact you.

Name	Relationship to this person	Telephone Number

Has the client signed your release of information to make this referral: Yes No
 If yes, please scan and email with this referral.

Signature of referring agent: _____