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| --- |
| **Referral Agency Information** |
| Date of Referral:      Agency Name:      Name and Position:      Work Phone:      E-mail address:       |
|  |
| **Client Being Referred** |
|  |  |

First Name:       Middle Name:

Last Name:       Date of Birth:

Street Address:

City, State, and Zip Code:

E-mail address:       Phone Number:

Ethnicity / Race:

Is the client currently on probation or parole?

[ ]  Yes. If yes, for how long?

[ ]  No

Pathways to Family Peace is required by statute in the state of Minnesota to contact all victims of clients who are court ordered to attend a domestic abuse program. Please provide the following information for that purpose:

Name of victim:

 Phone number for victim:

 Street Address for victim:

 City, State, & Zip Code for victim:

Referral Type: [ ]  Criminal conviction

 [ ]  Order for Protection

 [ ]  Child protection

 [ ]  Volunteer

 [ ]  Other

Please describe the reason for the referral:

Date that client must make initial contact by:

Has the client attended a domestic violence program before?

[ ]  Yes. When and where?

[ ]  No

Has the client been referred to a chemical dependency program in the past or currently enrolled in one?

[ ]  Yes. When and where?

[ ]  No

Does the client have a history of mental illness or cognitive challenges that the program facilitators should be aware of?

[ ]  Yes

[ ]  No

Is the client employed?

[ ]  Yes. If yes, [ ]  Full-time. [ ]  Part-time or [ ]  Seasonal

[ ]  No

Does the client have children living in his home or biological children?

[ ]  Yes. If yes, how many?

[ ]  No

Was a domestic violence risk assessment conducted on this client related to the current incident?

[ ]  Yes

[ ]  No

If a risk assessment for domestic violence was completed, such as the ODARA, please list the ODARA score and other relevant risk information:

ODARA Score:

Brief descriptive information regarding risk for lethality and/or re-abuse:

Is there currently an order for protection (OFP) or Domestic Abuse No Contact Order in place restricting contact with the victim?

[ ]  Yes. If yes, please check one or both of the following: [ ]  OFP. [ ]  DANCO

[ ]  No

Included with this referral are the following other documents and relevant information:

[ ]  Copy of police report related to most recent incident.

[ ]  Information with details related to other probationary restrictions and conditions related to most recent incident.

[ ]  Any relevant copies of releases of information

[ ]  Other:

Additonal comments regarding this referral:

Please e-mail this form to: melissascaia@icloud.com

Please call Melissa at 218-969-3498 for any questions or comments.