|  |  |
| --- | --- |
| **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](mailto:melissascaia@icloud.com)

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