

DOMESTIC VIOLENCE INTERVENTION PROGRAM
Referral Form



This Referral Form is required to be completed by the Ministry of Children and Family Development (MCFD) personnel and emailed or faxed to the DVIP program at Email: intake.dvip@options.bc.ca

Referral Date: _____ Referred by: _____ MCFD Office: _____

Phone: _____ Fax: _____ Email: _____

Client Name(s) _____ D.O.B.: _____ M F Other: _____

Address: _____

Home Phone: _____ Okay to leave a message? Yes No

Cell Phone: _____ Okay to leave a message? Yes No

Preferred Language: _____ Other Language(s): _____

Special Needs/Disability: Yes No _____

Does client identify as Aboriginal? Yes No _____

Marital Status:

Married Common Law Separated Divorced Single Other: _____

LEGAL ISSUES

Currently living with partner: Yes No _____

No contact order with partner: Yes No _____

Access to children: Yes No _____

Access to weapons: Yes No _____

Criminal History: Yes No _____

MCFD supports family unification: Yes No _____

Previous counselling/program: Yes No _____

Barriers to service: Child Care Transportation Work Others: _____

Reason for referral: Partner Abuse Child Abuse Other: _____

Please attach any relevant information pertaining to this client such as:

Police Report Probation Conditions Safety Plan Child Protection Report

Mental Health Alcohol/Drug Abuse Sexual Abuse Anger/Violent Behaviour

Employment /Educational Issues Other: _____

PARTNER'S INFORMATION Do not contact partner (Additional information attached)

Client's Name: _____ D.O.B. _____ Male Female Other: _____

Address: _____

Home Phone: _____ Okay to leave a message? Yes No

Cell Phone: _____ Okay to leave a message? Yes No

Preferred Language: _____ Other Language(s): _____

Interpreter Required: Yes No Language: _____

Does client identify as Aboriginal? Yes No _____

Is partner receiving services: SWC FRAFCA Delta Assist ISHTAR

Are children receiving services? CWWA School Counsellor CYMH Others: _____

All information on this form will be handled in accordance with OCS's confidentiality policies.

If you have any questions about the use of this form, or making a referral, please call the Manager of the DVIP Program at

Tel: 604.596.4321 ~ Cell: 604.809.5742