

DOMESTIC VIOLENCE INTERVENTION PROGRAM Moms Empowerment Group: Referral Form



Please complete this Referral Form then email to intake.dvip@options.bc.ca or Fax: 604.572.7413.

Referral Date: _____ Referred by: _____
Phone: _____ Email: _____ MCFD Office/Code: _____
Client Name: _____ D.O.B.: _____ ☐ F ☐ Other: _____
Phone: _____ Preferred Language: _____
Special Needs/Disability: ☐ Yes ☐ No Specify: _____
Service required ☐ Mom's Empowerment Group ☐ Other
Barriers to service: ☐ Child Care ☐ Transportation ☐ Work ☐ Others: _____
Does client identify as Aboriginal? ☐ Yes ☐ No

Marital Status:

☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ Single
Currently Living with Partner: ☐ Yes ☐ No _____
Access to Children: ☐ Yes ☐ No _____
Criminal History: ☐ Yes ☐ No _____
MCFD Supports Family Unification: ☐ Yes ☐ No _____
Previous Counselling/Program: ☐ Yes ☐ No _____
Safety Plan in Place: ☐ Yes ☐ No _____

Presenting Concerns:

☐ Victim of Violence ☐ Mental Health Issues
☐ Addiction Issues ☐ Other
☐ Parenting Issues

Goals for Counselling:

☐ Complete Mom's Empowerment group
☐ Others: _____

PARTNER'S INFORMATION

Name: _____ D.O.B.: _____ ☐ Male ☐ Female ☐ Other: _____
Is partner receiving services: ☐ Caring Dad's ☐ RVPP ☐ Anger Management
☐ Others: _____
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 coordinator of the
Mom's Empowerment Group at **604.830.8602**