

# DOMESTIC VIOLENCE INTERVENTION PROGRAM Moms Empowerment Group: Referral Form



Please complete this Referral Form then email to [intake.dvip@options.bc.ca](mailto: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: \_\_\_\_\_  
 Does client identify as Aboriginal?  Yes  No  
 Barriers to service:  Child Care  Transportation  Work  Others: \_\_\_\_\_

Age of the child(ren) for childminding services during group time.

Name	6 months-18 months	19 months-3 years	Over 3 years
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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  
 Are there any safety concerns/risks for our staff, clients or their children during the group time, that we should be aware of (i.e. stalking, violating no contact/access orders and threats).  Yes  No  
 If yes, please specify: \_\_\_\_\_

**PRESENTING CONCERNS:**

Victim of Violence  Mental Health Issues  Addiction Issues  
 Parenting Issues  Other

**PARTNER'S (PERPETRATOR'S) INFORMATION**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  Male  Female  Other: \_\_\_\_\_  
 Is partner receiving services:  Caring Dad's  RVPP  Anger Management  
 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**