

**DOMESTIC VIOLENCE INTERVENTION PROGRAM**  
**Referral Form**



Please complete this Referral Form then email to [intake.dvip@options.bc.ca](mailto:intake.dvip@options.bc.ca)

Referral Date: \_\_\_\_\_ Referred by: \_\_\_\_\_ MCFD Office: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Client Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  M  F  Other: \_\_\_\_\_

Street No. \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Special Needs/Disability:  Yes  No Specify: \_\_\_\_\_

Service Required:  Caring Dad's Group  Individual Counselling

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 \_\_\_\_\_

Access to weapons:  Yes  No \_\_\_\_\_

Criminal History:  Yes  No \_\_\_\_\_

MCFD supports family unification:  Yes  No \_\_\_\_\_

Previous counselling/program:  Yes  No \_\_\_\_\_

**Level of Risk**  Low  Medium  High

**PLEASE ATTACH DETAILED REPORT FOR HIGH RISK CLIENTS**

**Presenting Concerns:**

- Relationship Violence
- Child Abuse & Neglect
- Abusive & Controlling Behaviour

**Reason for Referral:**

**Goals for Counselling:**

- Complete Caring Dad's group
- Others: \_\_\_\_\_

**PARTNER'S (Victim's) INFORMATION**

Do not contact partner  Additional information attached

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  Male  Female  Other:

Phone: \_\_\_\_\_ Okay to leave a message?  Yes  No

Preferred Language: \_\_\_\_\_ Interpreter Required:  Yes  No

Is partner receiving services:  SWC  FRAFCA  Delta Assist  ISHTAR  Others: \_\_\_\_\_

Are children receiving services?  PEACE  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 Phone: **604.596.4321** and ask for DVIP