



Referral Criteria

Referring Agency: _____ Contact #: _____

Supervisor Signature: _____ Worker Name: _____

Is the situation/circumstance: New Ongoing

Current Agencies Involved:

Police Probation Victim Services CFS Mental Health Education

Women's Shelter Legal/Justice EIA Faith Organization Housing

Other _____

What is the elevated risk to the person, family and/or community? Identify any concerns and harm expected.

What has been done to mitigate this acutely elevated risk?

How is the particular situation/circumstance beyond the scope and/or mandate of your agency?

Additional comments:

STAFF USE ONLY

Accept case for screening.

Decline case based upon:

Date: _____ Staff Signature: _____