Women In Distress of Broward County, Inc.

Community Referral for Outreach Services

Date: ______________________

Survivor's Full Name: ______________________

Address: ______________________ **City:** ______________ **State:** ________ **Zip:** ________

Phone Number: ______________________ **Safe to leave a message:** ☐ Yes ☐ No

Survivor's Primary Language: ☐ English ☐ Spanish ☐ Creole ☐ Portuguese ☐ Other: ____________

Please indicate the type of services that you are requesting for yourself, children, and/or your family:

☐ Child Therapy ☐ Adult Therapy ☐ Relocation Assistance ****Date of Incident:* ____________
☐ Family Therapy ☐ Adult Support Groups ☐ IFP (Injunction for Protection) Assistance
☐ Children's Support Groups ☐ Court Accompaniment ☐ Case Management/Advocacy Support
☐ Safety Planning ☐ Emergency Shelter ☐ Economic Justice and Empowerment Program

Children in need of services:

Name	DOB	Age	Sex

Please describe any concerns you have in regard to your current situation, children's needs, or any specific needs for your family:

____
____
____
____
____

*****Authorization to Contact** (*Please obtain survivor's consent to contact if available.*)

By signing the release below I give permission for an authorized staff from Women in Distress to contact me to review the services that are provided for children and families and/or to provide information on safety planning.

______________________________ ______________________

Signature of Survivor **Today's Date**

Authorization Ends on __________________________ (30 days from today's date)
(Authorization automatically expires unless otherwise noted or canceled)

Referring Agency

Agency/program name: ______________________

Name of person completing this form: ______________________

Phone number/email: ______________________

Please submit completed referral to Amanda MacCormack, Associate Director of Outreach Services
Email: amaccormack@womenindistress.org **Telephone Number:** 954-760-9800 ext. 1413

Created 5/6/2015; Revised 5/12/2015; 11/3/2015; 12/16/2015; 1/7/2016; 8/20/18; 1/28/19

WOMEN IN DISTRESS
OF BROWARD COUNTY, INC.
JIM & JAN MORAN FAMILY CENTER

Women In Distress of Broward County, Inc.
Community Referral for Outreach Services

TO BE COMPLETED BY OUTREACH SERVICES DEPARTMENT ONLY:

Assigned Advocate: .... **Date Assigned:** ....

Follow-ups Attempted (date/time) ....

Appointment Scheduled for (date/time) ....

Adult Survivor is being recommended for:

☐ Individual Therapy
☐ Family Therapy
☐ Safety Planning
☐ Court Accompaniment
☐ Emergency Shelter
☐ Case Management/Advocacy Support
☐ Adult Support Groups Please specify: ____________________
☐ Relocation Assistance ****Date of Incident:* _______________
☐ IFP (Injunction for Protection) Assistance
☐ Economic Justice and Empowerment Program

Child Survivor is being recommended for:

☐ Individual Therapy ☐ Family Therapy ☐ Child Parent Psychotherapy ☐ Trauma Focused Cognitive Behavioral Therapy
☐ Support Groups *Please specify*: ____________________

Notes:

....
....
....
....
....
....