

**608 N. Business 287 · Decatur, TX 76234**

**P: 940-626-4585 · F: 940-626-4117**

CPS Referral Form

Please fill the form out in its entirety. If there is a question that does not apply to this client, write N/A.

This form must be received prior to scheduling Healthy Relationship classes or enrolling in the DV prevention Program.

Referral Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for referral: [ ] Advocacy [ ] HR Class [ ] Domestic Violence Prevention Program

Will classes/program be [ ] recommended or [ ]  required?

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Language Spoken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Safe Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note, when providing WHSCC with a "safe number" that means that you have spoken with this client, verified that it is a safe number, verified that it is safe to leave a voicemail, and verified that it is safe for a WHSCC employee to identify.***

CPS Caseworker Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPS Caseworker Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPS Caseworker Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the department primarily involved with this family due to domestic violence? [ ]  YES [ ]  NO

Has the client self-identified as a CURRENT [ ] VICTIM or [ ] PERPETRATOR of domestic violence?

Has the client self-identified as a PAST [ ] VICTIM or [ ] PERPETRATOR of domestic violence?

Has this client had previous involvement with the department due to domestic violence? [ ] YES [ ]  NO

I have reason to believe the client is a victim of domestic violence due to:

[ ] Concerns collaterals have reported [ ] Arrests/charges for domestic violence

[ ] Outcries the children have made [ ]  Law enforcement calls to the home

[ ] Behavior that caseworker has witnessed is indicative of domestic violence

[ ] Client self-identified as a victim of domestic violence

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide detailed information about the current CPS Case and the concerns of Domestic Violence:

Has the client perpetrated physical violence within an intimate relationship in the last 60 days? [ ] YES [ ]  NO

Do you have immediate safety concerns for this client? [ ] YES [ ] NO

What are your immediate safety concerns?

***Please note, if you are concerned this client is not safe, please call the crisis line at 940-626-4855.***

If only one parent is being referred for classes, why isn’t the other spouse/partner being referred?

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Relationship status:

[ ] Married [ ] Divorced [ ] Cohabitating [ ] Separated [ ] Separated but considering reconciliation

[ ] Dating [ ] Ex-dating partner [ ] Abuser is in jail/prison

The client has been a victim of the following in the current/most recent intimate relationship (check all that apply):

[ ] Emotional/Verbal abuse [ ] Use of a weapon (includes hands/fists) [ ] Stalking [ ] Damaging Property

[ ] Law enforcement involvement [ ] Financial Control [ ] Coercion [ ] Isolation from family [ ] Intimidation

[ ] Sexual Assault [ ] Threats of harm to self, children, client [ ] Strangulation [ ]  Client has had to seek medical

attention for injuries [ ] Client reports that he/she feels unsafe or afraid [ ] Threats to flee with or hide the

child/children [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_