

**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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Will

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_