

**DVSD PROGRAM, PO Box 1572, Hillsboro, OR 97123**

**REFERRAL FOR SURVIVOR PARTICIPATION** (print, fill out and mail to DVSD)

**Contact information for referring counselor/group program:**

Agency Name: \_\_\_\_\_ Counselor Name: \_\_\_\_\_  
Address of Agency: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Counselor's Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Counselor's Cell phone: \_\_\_\_\_  
Will counselor serve as Client's support person?  Yes  No

**Contact information for client:**

Name: \_\_\_\_\_ Telephone/Cell phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Client's preferred method of contact:  Phone  Cell phone  Email  
Is it okay to leave messages?  Yes  No

**Demographics of client:**

*Information collected in this application is used for matching survivors and offenders with similar histories, and for providing demographic statistics to funding sources. Identity of clients is kept confidential.*

Ethnicity: \_\_\_\_\_ Employed:  Full time  Part time  Unemployed  
Select One:  Male  Female  
Language: \_\_\_\_\_ Age: \_\_\_\_\_

- 1) First and last names of past abusers, and date of birth (or age) if known. (*This helps DVSD to insure that clients paired for dialogues have no previous relationship or connection.*)
- 2) How many months/years was the client in an abusive situation?
- 3) How long since the client left their last abusive situation?
- 4) Does the client continue to have contact with the last abuser?

**DVSD PROGRAM, PO Box 1572, Hillsboro, OR 97123**

- 5) What type of violence occurred in the last and/or previous relationships? (i.e. physical, emotional, sexual, financial, etc.) Please provide examples or details as needed.
  
- 6) Does the client have children? If so, please list first names and ages.
  
- 7) What impact did the abuse have on the client's children, if any?
  
- 8) What reason(s) does your client have for wanting to participate in DVSD? Please be as specific as possible
  
- 9) What does your client want to gain from the DVSD session?
  
- 10) What makes you believe your client is a good candidate to participate in the DVSD program?

**Scheduling a Dialogue:** Dialogues are usually scheduled for Tuesday and Thursday late afternoons and evenings, and take between two and three hours to complete. If those days are not possible for the client or support person, please tell us what day of the week is preferred and we will try to accommodate your request.

Preferred day: \_\_\_ Tuesday \_\_\_ Thursday \_\_\_\_\_Other

All information is confidential and will be used by DVSD for the purposes of matching clients for a dialogue or for funding purposes, in which case client identity will remain anonymous.

**Mail completed form to:**  
**DVSD Program**  
**PO Box 1572**  
**Hillsboro, OR 97123**