## **PLUMAS RURAL SERVICES**

###### Domestic Violence Services

711 E. Main Street, Quincy CA 95971

Phone: (530) 283-5675, Fax: (530) 283-3647

dvs@plumasruralservices.org

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| --- | --- | --- | --- | --- | --- |
| **Referring Agency** | | | | | |
| Agency: Click here to enter referring agency | | Name: Click to enter your name | | | |
| Phone: Click to enter number | FAX: Click to enter number | | Email: Click to enter email | | |
| Does the client/patient know about this request?  Yes  No Is there a Release of Information  Yes  No  *\* Please attach release of information with this referral.* | | | | | |
| **Referred Person Information** | | | | | |
| Name: Click or tap here to enter text. | | | | DOB: mm/dd/yyyy | |
| Address: Click here to enter text. | | City: Click here to enter text. | | | Zip: Click to enter |
| Current living situation (e.g. homeless, with/without abuser): Click or tap here to enter text. | | | | | |
| Are there children?  Yes  No if yes, do they live with referred person?  Yes  No | | | | | |
| Do they have transportation?  Yes  No | | | | | |
| Are they working with other agencies?  Yes  No if yes, please check all appropriate boxes below: | | | | | |
| Probation  Family Court Services  Behavioral Health  Far Northern  Social Services  PCIRC  AOD  Child Support Services  Veteran Services  Victim Witness  Sheriff’s Office  Resource Center  DA  Other: Click or tap here to enter text.  Are there open cases involving the referred person (e.g. criminal, RO, child custody)?  Yes  No  If there is an active TRO/RO, is it against the referred person?  Yes  No | | | | | |
| **Reason for Referral** | | | | | |
| Check all that apply:  Restraining Order  Other legal  Active Domestic Violence  Past Domestic Violence  Counseling  Shelter  Case Management  Safety Planning  Advocacy  Information  Other: Click or tap here to enter text.  Please describe areas checked above: Click or tap here to enter text.  Please give any additional information regarding situation: Click or tap here to enter text. | | | | | |

By signing below, I certify that the above mentioned information is given with permission by the referred person named in this document. All information is true and accurate to the best of my knowledge. I also understand that a referral does not guarantee eligibility of services through Plumas Rural Services, Domestic Violence Services. Determination of services will be made at the discretion of PRSDVS staff during the initial interview.

Signature of Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1/19/2022