



Family and Community Resources, Inc.
18 Newton Street, Brockton MA 02301
T: (508) 583-6498 F: (508) 583-3775
www.FCR-MA.org

Referral for Domestic Violence Services

Date of Referral: _____

DV Advocacy Safety Planning DV Survivor Housing

Is this a high-risk client that needs to be contacted immediately? Yes No

****Please note we can only contact clients with their permission and knowledge of our call.***

Please send all referrals via fax (508) 583-3775 or email it to heather.devitt@fcr-ma.org. Please put all scanned documents to the attention of the Domestic Violence Program Director, Heather.

CLIENT INFORMATION

Name: _____ DOB: _____ Age: _____

Address: _____ City: _____ Gender: _____

Phone: _____ Alt. Phone: _____ Times Available: _____

Pronouns/Preferred Name: _____

Is it safe to leave a voicemail? Yes No

Did the client give the DV permission to contact them? Yes No

Safest times/days to contact client: _____

Are there any special instructions while leaving a voicemail? _____

Ethnicity: _____ Primary Language: _____

REFERRED BY: FCR Program: _____ Outside Agency: _____

Name: _____ Role: _____

Program/Agency: _____ Direct Phone: _____ Email: _____

Is the youth and/or family involved with any state agencies?
(DCF, DMH, DYS, DSS, legal involvement) Yes No

State Agency Requirements and Expectations of the Client:



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Any additional information from provider?

Domestic Violence Advocacy Needs Identified by Client:

Signature of Referral Source

Date