FAMILY VIOLENCE INTERVENTION PROGRAM (FVIP) REFERRAL FORM

(Please print) **Date:_____**

INSTRUCTIONS: Complete one form per person. Do not give a perpetrator a copy of this form with victim contact information.

Fax referral form and appropriate court orders, etc., to: 864-467-3571
or e-mail to: johansona@compassofcarolina.org
or mail to: Compass of Carolina
1100 Rutherford Rd., Stone Plaza
Greenville, SC 29609

If you have questions, please call Angela Johanson at 467-3434, Ext. 3313, or Haley Speer at Ext. 3316.

Referred Client Name:

_____
FIRST M.I. LAST

Address:_____
STREET ADDRESS APT.# CITY STATE ZIP

Phone (Home):_____ **Phone (Work):**_____

Social Security #: _____ **Case #:** _____

Please check appropriate box: □ **Perpetrator (initiator of violence)** □ **Victim (recipient of abuse)**
□ **Both partners equally responsible** □ **Other** _____

Client has also been referred to: □ **Phoenix Center** □ **Mental Health**
□ **Other** _____

DATE REFERRED CLIENT MUST CONTACT FVIP BY: _____

If referred client is the perpetrator, please supply FVIP with the victim's contact information so that we can inform him/her of victims' services and perpetrator's compliance.

Victim's Name: _____
FIRST M.I. LAST

Address:_____
STREET ADDRESS APT.# CITY STATE ZIP

Phone (Home):_____ **Phone (Work):**_____

Referring court/agency: (All DSS referrals must include Treatment Plan.)

Contact Person:

_____

Address: _____
STREET ADDRESS APT.# CITY STATE ZIP

Phone:_____ **Fax:**_____

E-mail:_____

FOR INTERNAL USE **ENTERED DB**_____