



Shelter-to-Shelter Domestic Violence Referral Form

This **voluntary tool** was created in conjunction with the statewide **Shelter Directors' Group**

Purposes of this form:

- To improve **coordination** and **collaboration** across shelter programs.
- To provide domestic violence shelters with a **consistent** way to **refer** victims to shelters in other counties when the victim is **at risk** by remaining at that shelter and/or in that community.
- To assist domestic violence victims with **safely relocating** from one domestic violence shelter (referred to as the shelter in their *home county*) to a domestic violence shelter in another county (referred to as *out-of-county shelter*).

Procedure:

1. Home shelter completes the referral form and faxes it to the out-of-county shelter.
2. Out of county shelter reviews the form and calls home shelter.
 - a. If victim cannot be accepted at this time, out-of-county shelter informs home shelter of this.
 - b. If the out-of-county shelter could possibly accept victim, the out-of-county shelter begins their normal screening protocol.

*This form is to be completed by the **staff person** who is primarily responsible for supervising/overseeing the domestic violence shelter in the home county.

1. Staff contact name(s) for shelter in home county: _____

2. Name of referring organization/shelter: _____ Shelter Phone#: _____

3. Victim's name: _____

5. Family size and demographics (genders and ages): _____

6. What is the victim's plan? _____

7. Does the family have any special needs? _____

Please confirm the following statements:

- The attached **information release** has been signed by the victim. Please fax with this referral form.
- The victim is fleeing or attempting to flee domestic violence.

Please indicate the reason for relocation:

Please complete the following:

This relocation is to be **temporary** **permanent** Notes: _____

The shelter in the home county **will provide** **will arrange** transportation to the new location.

The program in the home county **will** **will not** continue to provide services (case management, legal, transportation, etc.) after the victim is relocated to the out-of-county shelter.

Notes: _____