



A Program of Alliance for Community Transformations

Domestic Violence, Sexual Assault, and Human Trafficking Prevention, Intervention, and Recovery Services

Physical Address

790 Loughborough Drive
Merced, CA 95348

Mailing Address

P.O. Box 2745
Merced, CA 95344

Business Line: (209) 725-7900 ♦ **Fax Line:** (209) 725-7908 ♦ **24-Hour Crisis Line:** (209) 722-4357

Email: info@alliance4you.org ♦ **Website:** www.valleycrisiscenter.org

ASSISTANCE REFERRAL FORM

Type of Services Needed:

Counseling Support Group Restraining Order Help Shelter Advocacy/Accompaniment

Date

Person Completing Form

Contact Number

Agency Referred By

Victim's Name

Date of Birth

Gender

Primary Language

Parent or Guardian's Name (If Victim is Minor)

Date of Birth

Gender

Primary Language

Physical Address

Phone Number

Safe to Call?

Best time to Call?

Additional Family Members in Need of Services

(If family members were also victims, please complete one form per victim)

Additional Family Member Names

Date of Birth

Gender

Primary Language

Victimizations (please mark all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Mental Abuse |
| <input type="checkbox"/> Financial Abuse | <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> LGBTQ Intimate Partner Abuse |
| <input type="checkbox"/> Stalking (Intimate Partner) | <input type="checkbox"/> Stalking (Non-Intimate Partner) | <input type="checkbox"/> Threats of Physical Abuse |
| <input type="checkbox"/> Threats of Sexual Abuse | <input type="checkbox"/> Adult Molested as Child | <input type="checkbox"/> Sexual Assault/Sexual Abuse |
| <input type="checkbox"/> Human Trafficking (Sex) | <input type="checkbox"/> Child Sexual Assault | <input type="checkbox"/> Dating/Hook Up Violence for
Teens/Young Adults |
| <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> International Marriage Abuse | |

Did victim receive a Forensic (SART) Exam?

Yes on

No

Was incident reported to Law Enforcement?

Yes to

and Report #

No

Brief Explanation of Services Needed:

Safety Concerns or Other Notes:

To be Completed by VCC Advocates

Date Client Contacted

Referral Status

ROI Completed?

Declined Services

Will Attend Group

Appointments Scheduled

MDIC Attended

Yes No

Client Sheltered

SART Attended

Counseling Appointment Scheduled

Legal Appointment Scheduled