



A Program of Alliance for Community Transformations

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

Physical Address

812 W. 18th Street,
Merced, CA 95340

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

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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

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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 |
| <input type="checkbox"/> Human Trafficking (Labor) | <input type="checkbox"/> International Marriage Abuse | Teens/Young Adults |

Did victim receive a Forensic (SART) Exam?			
<input type="checkbox"/> Yes on		<input type="checkbox"/> No	
Was incident reported to Law Enforcement?			
<input type="checkbox"/> Yes to		<input type="checkbox"/> No	
and Report #			
Brief Explanation of Services Needed:			
Safety Concerns or Other Notes:			
To be Completed by VCC Advocates			
Date Client Contacted	Referral Status		ROI Completed?
	<input type="checkbox"/> Declined Services <input type="checkbox"/> Appointments Scheduled <input type="checkbox"/> Client Sheltered	<input type="checkbox"/> Will Attend Group <input type="checkbox"/> MDIC Attended <input type="checkbox"/> SART Attended	<input type="checkbox"/> Yes <input type="checkbox"/> No
Counseling Appointment Scheduled		Legal Appointment Scheduled	