

The Lincoln Center for Family and Youth

Violence Intervention & Prevention Program (VIPP) Referral Form

Date: _____

Referral Source: _____ Contact #: _____

Client Name: _____ D.O.B.: _____

Contact #: _____ Email: _____ Zip Code: _____

Victimization Criteria – VIPP only provide services if the victim fits following category:

_____ Community Violence services (Victim of assault, shooting, stabbing in the community)

Consent to Initial Assessment and Consultation:

I consent to The Lincoln Center for Family and Youth (TLC) Violence Intervention Specialist and/or Clinician to meet with me at my bedside, in the community, or via phone for initial assessment, consultation, and referral recommendations. Services and recommendations made by VIPP team are voluntary, and I may revoke my consent at any time except to the extent information has been released as per my consent.

Confidentiality Acknowledgement:

The information on this form is to be used to assist in monitoring and coordinating my health care and social service needs. My permission is necessary to share confidential information in order to make a referral for VIPP services. Any information shared with VIPP staff will be confidential, unless you report that you want to do harm to yourself or someone else, at which time a report or other steps will be taken to ensure the safety of all parties involved.

Consent to Disclose Confidential Information:

By signing this form, I am giving my permission to the referral source to release this information to *The Lincoln Center for Family and Youth Violence Intervention & Prevention Program*.

**If Participant is under the age of 18, Parent/Guardian must sign*:*

Print Name of Client: _____

Signature of Client/Parent or Guardian: _____ Date: _____

