



Violence Prevention and Intervention (VPI) Program Referral Form

Counseling and/ or Group-based services will be provided free of charge by Northern Virginia Family Service's Violence Prevention and Intervention Program. Please provide as much of the requested information as is possible. This helps us to provide better and faster service. Please return the completed form to Lauren Mizus, Youth Initiatives Clinical Program Manager at NVFS at lmizus@nvfs.org.

REFERRED YOUTH / FAMILY INFORMATION

Date of referral:	
Referral Source Name and Relationship to Youth:	
Referral Source Telephone Number and Email:	

Youth's Name: _____
Youth's Date of Birth: _____ Gender: _____
School: _____ Grade: _____
Parent / Guardian name(s): _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home/Contact # _____ Alternate Contact# _____
Email: _____

Race: _____

Ethnicity: _____

Country of Origin (if known): _____
Language(s) spoken by youth: _____
Current English ability: _____
Language(s) spoken by parent/legal guardian: _____
Current English ability: _____
Language preference for services: _____

REFERRAL DETAILS:

Reason for Referral (areas or behaviors of concern):	
Goals for Services:	
Other services that are or have been provided or attempted (please include whether or not services were deemed successful or unsuccessful and why)	
Any other currently involved agencies / individuals? Please include contact information if known.	

ELIGIBILITY CHECK LIST

Please mark all applicable items in sections 1, 2 *and* 3 to determine eligibility to receive services:

1. Referred youth lives in:

For Fairfax County Clients:

2. General eligibility category (please check all that apply):

Referred youth lives in a family with child / parent conflict exacerbated by immigration, acculturation, and / or reunification issues.

Referred youth and / or parent is (are) recently immigrated.

Referred youth has been recently reunified with parents/caregiver after separation due to immigration.

Referred youth has experienced Exposure to multiple or recurring experiences of trauma

Referred youth is or has been exposed to violence (as a victim or witness):

In the Community

In the Family

In their dating relationship(s)

In the Past (in country of origin / on journey to US)

Through the presence of gangs in neighborhood / school

Other (please describe):

3. Specific Risk Factor Information: (please check all that apply):

- ☐ Individual displays truant behavior.
- ☐ Individual is not passing the majority of her/his classes.
- ☐ Individual is showing signs of depression or frequent sadness.
- ☐ Individual is recently arrived (either to the school or to the US).
- ☐ Individual has a history of school suspensions and expulsions.
- ☐ Individual was a victim of bullying or aggression.
- ☐ Individual frequently bullies others.
- ☐ Individual engages in frequent fights with peers.
- ☐ Individual engages in verbal aggression or harassment.
- ☐ Individual displays aggressive behavior toward others.
- ☐ Individual associates with negative peers.
- ☐ Individual is easily influenced by peers.
- ☐ Individual does not seem to have any close friends or relationships with others.
- ☐ Individual does not have positive parental figures or role models.
- ☐ Parents rarely respond to contacts by school staff regarding the individual.
- ☐ There is recent loss in the family – divorce, separation, death of a loved one.
- ☐ One or more parents or relatives have been incarcerated.
- ☐ Individual is exposed to family violence.
- ☐ Individual is exposed to familial substance abuse.
- ☐ Individual is exposed to long-term family conflict.
- ☐ Family has limited resources (e.g., housing, food, finances).
- ☐ Individual is exposed to the presence of gangs in their neighborhood.
- ☐ Individual shows signs of interest in gangs / gang involvement.
- ☐ Individual is not a gang member, but has a family member who is.
- ☐ Individual is not a gang member, but frequently affiliates with gangs.
- ☐ Individual has a history of running away from home.
- ☐ Individual is suspected of using alcohol and/or drugs.
- ☐ Individual is frequently defiant and non-compliant.
- ☐ Individual has a history of poor decision-making.
- ☐ Individual has a history of arrests and probation.
- ☐ Individual is currently on probation.
- ☐ Other: Please describe _____

Additional information (as needed):	
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Please note – once a case is accepted (based on eligibility, urgency, and waiting lists, etc.), free services will be provided by a trained professional through Northern Virginia Family Service. You will be contacted by the assigned VIP worker. If this case cannot be served through VIP you will be notified and the Clinical Program Manager will work with you to attempt to find alternative resources to help. It is our intention to provide the most effective, empowering and helpful service possible for young people and families. Should you have any comments or questions about the quality of services, please contact the Clinical Manager directly at (571) 748-2940 or via email at lmizus@nvfs.org.