

In order to follow up regarding a client please attach a Release of Information.



NVFS Multicultural Center Referral Form

6400 Arlington Boulevard, Suite 110 • Falls Church, VA 22042 • 571.748.2800

Date of referral: _____

Referring Agency: _____

Person making referral: _____

Relationship to Client: _____

Contact Number: _____

Fax Number: _____

If client is under 18: Complete parent/legal guardian section

Parent/legal guardian must be aware of referral.

Has client been informed of the referral?
 Yes No

Has parent/legal guardian been informed?
 Yes No

Client's Name: _____

Parent/Legal Guardian Name: _____

D.O.B.: _____ Sex: _____

D.O.B.: _____ Sex: _____

Address: _____

Address: _____

City: _____ State: _____

City: _____ State: _____

County: _____ Zip: _____

County: _____ Zip: _____

Country of Origin: _____

Country of Origin: _____

Contact Number: _____

Contact Number: _____

Email: _____

Email: _____

Language(s) spoken by client(s): English Spanish Arabic Amharic French

Current English ability: _____

Language(s) spoken by parent/guardian: English Spanish Arabic Amharic French

Current English ability: _____

Time/Day available for services: _____

Please mark clearly on next page which program or service client is being referred to:

Services requested:

- Immigration Legal Services
 - Fee for Service (\$60 initial Consult Fee)
- Case Management
 - Fairfax County resident Arlington County resident
- Anger Management Group (English or Spanish)
 - Court-Ordered Voluntary
- BIP (Batterer's Intervention Program)
 - Court-Ordered SPANISH Court-Ordered ARABIC
- Counseling (Individual or Couples or Family)
 - Sliding Scale for Uninsured** **Insurance**
- PSTT (Program for Survivors of Political Torture and Trauma)
- Services for Victims of Domestic Violence/Sexual Violence/Trafficking
 - Mental Health Case Management DV support group in SPANISH
- Other: _____

More information as needed:

**PLEASE FAX FORM TO MULTICULTURAL CENTER INTAKE & REFERRAL COORDINATOR – 703-237-2083
or EMAIL TO MCIR@NVFS.ORG**