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 • 571.748.2818

Date of referral: _____

Person making referral: _____

Contact Number: _____

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

Has client been informed of the referral?
☐ Yes ☐ No

Client's Name: _____

D.O.B.: _____ Sex: _____

Address: _____

City: _____ State: _____

County: _____ Zip: _____

Country of Origin: _____

Contact Number: _____

Email: _____

Referring Agency: _____

Relationship to Client: _____

Email: _____

Parent/legal guardian must be aware of referral.

Has parent/legal guardian been informed?
☐ Yes ☐ No

Parent/Legal Guardian Name:
_____

D.O.B.: _____ Sex: _____

Address: _____

City: _____ State: _____

County: _____ Zip: _____

Country of Origin: _____

Contact Number: _____

Email: _____

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

Current English ability: _____

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

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 ONLY

☐ Anger Management Group (English or Spanish or Arabic)

☐ 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 with Specific Language Need**

☐ 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 EMAIL FORM TO MULTICULTURAL CENTER INTAKE & REFERRAL COORDINATOR - MCIR@NVFS.ORG