



# 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 ☐ Dari ☐ Pashto

Current English ability: \_\_\_\_\_

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

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:**

- ☐ Anger Management Group (English or Spanish)
  - ☐ Court-Ordered   ☐ Voluntary
- ☐ Case Management
  - ☐ Fairfax County resident ONLY
- ☐ Counseling (Individual or Couples or Family)
- ☐ Domestic Violence Intervention Program
  - ☐ Court-Ordered SPANISH   ☐ Court-Ordered ARABIC   ☐ Court-Ordered AMHARIC
- ☐ PSTT (Program for Survivors of Severe Torture and Trauma)
- ☐ RKTf (Resilient Kids, Thriving Families)
  - ☐ Individual Mental Health   ☐ Group Services   ☐ Counseling for Non-Offending Parent
- ☐ Services for Afghan Survivors of Combat
  - ☐ Mental Health   ☐ Case Management
- ☐ Services for Survivors of Domestic Violence/Sexual Violence
  - ☐ Mental Health   ☐ Case Management   ☐ Advocacy Services   ☐ DV support group in SPANISH
- ☐ Services for Survivors of Trafficking
  - ☐ Mental Health   ☐ Case Management
- ☐ Other: \_\_\_\_\_

More information as needed:


**PLEASE EMAIL FORM TO MULTICULTURAL CENTER INTAKE & REFERRAL COORDINATOR - [MCIR@NVFS.ORG](mailto:MCIR@NVFS.ORG)**



Please scan the QR code to read about our public funding acknowledgment in adherence to the Stevens Amendment.