

**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: \_\_\_\_\_

Referring Agency: \_\_\_\_\_

Person making referral: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

*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  Farsi  Dari

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

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

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:**

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

More information as needed:


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