



## NSTAY Referral Form

### Referring Agency

Agency/Org: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
Name of Referee: \_\_\_\_\_ City/Town: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Client Information

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender Identity: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Safe to leave a message? \_\_\_\_\_  
Address/Living Situation: \_\_\_\_\_

Is the client aware of this referral? \_\_\_\_\_

If not, please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the client been referred to any other organizations? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Background Information/Reason for Referral

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the client currently separated from the perpetrator? \_\_\_\_\_  
If yes, how long have they been separated? \_\_\_\_\_

Is the perpetrator incarcerated? \_\_\_\_\_

Is the client in contact or communicating with the perpetrator? \_\_\_\_\_

Has anyone made threats toward the client? \_\_\_\_\_

Any other safety concerns: \_\_\_\_\_

Does the client consent to being contacted by the NSTAY team? \_\_\_\_\_

If yes, is it safe to leave a voicemail? \_\_\_\_\_

Referee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_