



Client Referral Form

CONSENT AND SIGNATURE

I, (CLIENT'S NAME) _____, CONSENT TO A TEAM MEMBER FROM *YOUR SAFE PLACE - THE SAN DIEGO FAMILY JUSTICE CENTER* CONTACTING ME BY PHONE.

DATE _____

CLIENT'S SIGNATURE _____

CLIENT INFORMATION

FULL NAME _____

DATE OF BIRTH _____

PREFERRED LANGUAGE _____

PREFERRED PRONOUNS

☐ SHE / HER ☐ HE / HIM ☐ THEY / THEM

ACCOMMODATIONS REQUESTED
(CHECK ALL THAT APPLY):

- ☐ TRANSLATION TO PREFERRED LANGUAGE
- ☐ ASSISTANCE COMPLETING YSP PAPERWORK
- ☐ ASSISTANCE READING DOCUMENTS
- ☐ WHEELCHAIR ACCESSIBLE SPACES
- ☐ SENSORY ACCOMMODATION (LIGHTS & SOUNDS)

DOES CLIENT HAVE MINOR CHILDREN?

☐ YES ☐ NO

SAFE PHONE # _____

THIS PHONE NUMBER IS SAFE TO (CHECK ALL THAT APPLY):

- ☐ RECEIVE PHONE CALLS
- ☐ RECEIVE TEXT MESSAGES
- ☐ HAVE A VOICEMAIL LEFT

SUPPORT SERVICES REQUESTED
(CHECK ALL THAT APPLY):

- ☐ SAFETY PLANNING
- ☐ COUNSELING
- ☐ LEGAL SERVICES (E.G. RESTRAINING ORDER)
- ☐ IMMIGRATION SERVICES
- ☐ OTHER (EXPLAIN): _____

HARMDOER INFORMATION

FULL NAME _____

DATE OF BIRTH / APPROX. AGE _____

RELATIONSHIP TO CLIENT _____

HARM COMMITTED BY HARMDOER (CHECK ALL THAT APPLY):

- ☐ DOMESTIC VIOLENCE (INTIMATE PARTNER)
- ☐ FAMILY VIOLENCE (INCLUDING CHILD ABUSE)
- ☐ ELDER ABUSE
- ☐ SEXUAL ASSAULT (IPV, FAMILIAL, OR OTHER)
- ☐ SEX TRAFFICKING
- ☐ OTHER (EXPLAIN): _____

REFERRING AGENCY

AGENCY NAME _____

REFERRER'S NAME _____

CONTACT PHONE _____

Send completed referral forms via secure email to: YSPReferrals@san Diego.gov

*Please note: Calls from Your Safe Place appear as 619-235-1167. This number cannot receive return calls.
If a client needs to contact Your Safe Place, our number is 619-533-6000.*