

**BATTER INTERVENTION PROGRAM REFERRAL**

**Date** Click here to enter text.

**Name of Client** Click here to enter text.

**Social Security Number** Click here to enter text.

**Date of Birth** Click here to enter text.

**Mobile** Click here to enter text.

**Address** Click here to enter text.

**Name of Referring Person Click here to enter text.**

**Email Click here to enter text.**

**Mobile Click here to enter text.Direct Line Click here to enter text.**

**Address Click here to enter text.**

**Referring Source:**

Court

Probation Officer

Attorney

DCF

Other Please List Click here to enter text.

**Referring County:**

Cherokee

Crawford

Labette

**Status of Client** Employed

Unemployed

Disabled (client must show proof of SSI eligibility through determination letter or check)

**Service requested:**

Kansas Domestic Violence Offender Assessment (KDVOA)

24 week Batter Intervention Program (BIP)

(Please note SRMHW BIP only accepts those participants assessed as appropriate)

Court Ordered?  Yes  No

* Please attach a copy of the police report if applicable

Please sign, retain one copy for your records, and send referral to:

BIP@SRMHW.org