



CENTER FOR NONVIOLENCE REFERRAL FORM

235 W. Creighton Ave Fort Wayne, IN 46807

Phone: (260) 456-4112

Fax: (260) 456-1086

Center for Nonviolence

DATE: ____ / ____ / ____

REFERRED BY

Name: _____ Agency/Org/Business: _____

Address: _____ City: _____ State: ____ County: ____ Zip: _____

Phone: _____ Fax (if none, leave blank): _____

Email: _____

CLIENT INFORMATION

Name: _____

Address: _____ City: _____ State: ____ County: ____ Zip: _____

Phone: _____ Date of Birth (if known): ____ / ____ / ____

Email: _____

Reason for referring: _____

Is this individual involved in a criminal case? Y / N / Unsure Case# (if known): _____

The Center for Nonviolence offers a variety of programs and services, including linguistically and culturally affirming services for people of Latinx descent, people of Afrikan descent, people from Burma, and members of LGBTQ+ communities. Please indicate the type of service you are requesting below.

REFERRAL-BASED SERVICES

- _____ **Intervention:** Programs and services for adults 18+ who have used violence.

NON-REFERRAL-BASED SERVICES (Referrals accepted but not required)

- _____ **Prevention:** Programs and services for youth who are struggling at home and/or school due to violence they have experienced or witnessed.
- _____ **Support & Advocacy:** Programs and services for victims and survivors of violence.

Other program or service requested (please describe):

REFERRING AGENT SIGNATURE: _____

Once you have submitted this referral, please advise the individual you are referring to contact the Center for Nonviolence for further info and guidance.

Referrals may be emailed, faxed, or mailed to the following:

- Email: referrals@centerfornv.org
- Fax: (260) 456-1086
- Address: 235 W. Creighton Ave. Fort Wayne, IN 46807