

Date Received: _____

Referral to the Elder Justice Program
From Community Partner Agency
Return to Jackie.pontello@h-gac.com or 346-500-4620

What crime is Client dealing with?

Physical abuse
Sexual Assault
Stalking, Harassment
Financial exploitation

Consumer Issue
Identity Theft & Internet Scams
Other: _____

How is the victim related to his/her abuser?:

Spouse or intimate partner
Child/Grandchild
Caregiver (in-home)

Caregiver (in facility)
Business acquaintance/contractor
Other: _____

About Client:

Name: _____
Age: _____ Gender: _____ Race: _____
Address: _____
City: _____ Zip: _____ County: _____
Telephone: _____ Email: _____

Client Vulnerabilities:

Physical Disability? Y/N
Chronic Illness? Y/N
Mental Illness? Y/N
Cognitive Impairment? Y/N
Hearing Loss? Y/N

About Client Situation & Follow-up:

Is Client in danger? Y/N
Is abuser present where Client lives?
Lives there? Y/N
Works there? Y/N
Visits &/or monitors visitors?
Did Client approve you making this referral? Y/N
Who will make first contact? Client/EJP
Is it safe to contact Client via phone? Y/N
Best days/times to contact? _____

Source of Referral:

Your Name: _____ Title: _____
Agency: _____
Cell phone: _____ Email: _____
Are you continuing to provide services to Client? Y/N