



## AGENCY REFERRAL FORM

DATE: \_\_\_\_\_

### CLIENT INFORMATION

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DOB: \_\_\_\_\_

CHILDREN: \_\_\_\_\_ AGES: \_\_\_\_\_

CLIENT'S NATIVE LANGUAGE: \_\_\_\_\_

### BRIEF SUMMARY/REASON FOR REFERRAL:

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### CLIENT IS INTERESTED IN RECEIVING SERVICES:

(CHECK ALL THAT APPLIES)

#### WORKSHOPS

- ☐ What is Domestic Violence?
- ☐ Healthy Relationships
- ☐ Setting Boundaries
- ☐ Saving Money/Financial Goals

#### REFERRAL SERVICES

- ☐ Assistance Locating Housing
- ☐ Job Resources
- ☐ Education: GED/ESL Classes
- ☐ Community Resources

R.I.S.E RESOURCE CENTER, INC.  
1800 MARTIN LUTHER KING JR PKWY, SUITE 201  
DURHAM, NC 27707  
919-283-1930  
NCIAMRISE@GMAIL.COM



## RESOURCES

- ☐ Women's Care Packages
- ☐ Feminine Products
- ☐ Care Packages
- ☐ Other: \_\_\_\_\_

Does the Client have a Restraining Order (DVPO)? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

In Process \_\_\_\_\_

Referral by: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

**Please Email completed Referral: [nciamrise@gmail.com](mailto:nciamrise@gmail.com)**

Please allow up to **72 hours** for initial contact.

All workshops require a **\$25 registration fee**.

Fee must be paid prior to attending the workshop.

### Ways to pay:

- [www.iamrise.org](http://www.iamrise.org)
- [Paypal.me/RISE7](https://www.paypal.me/RISE7)
- Cashapp: \$Restoredinspired
- **Check or Money Order** mailed to the address listed below.

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