



FAMILY PEACE PROGRAM

Referral Form

Eligibility: The Family PEACE Program provides services to **children 0-12yrs** of age that have been exposed to domestic violence. Domestic violence can include physical aggression, intimidation, threats, controlling behavior and forced sexual acts. Children's exposure includes in-utero exposure, when a child observes, intervenes, is victimized, participates in the violence, is an eyewitness, hears the assault, observes the initial effects, experiences the aftermath of violence, or overhears conversations about the assault. **Services:** Children 0-5yrs of age and their mothers receive Child-Parent Psychotherapy (CPP) and children 6-12yrs of age participate in the Kids' Club while their mothers participate in a Parenting Group that runs concurrently with the children's group.

Date: _____ **Mother's Language:** _____

Agency: _____
(Name) (Phone#)

Referred by: _____
(Name) (Phone#) (Email)

Applicant's Information:

Last Name: _____ **First Name:** _____ **DOB:** _____

Contact #: _____ (h) (w) (m) **Safe to call:** Y N **Safe to l/m:** Y N

Contact #: _____ (h) (w) (m) **Safe to call:** Y N **Safe to l/m:** Y N

Children:

Name: _____ DOB: _____ Age: _____ Sex: _____ Lives w/ Mo: Y N

Name: _____ DOB: _____ Age: _____ Sex: _____ Lives w/ Mo: Y N

Name: _____ DOB: _____ Age: _____ Sex: _____ Lives w/ Mo: Y N

Batterer: _____ **Still in the home?** Y N
(Name) (Relationship) **Current Order of Protection?** Y N

Describe Reason for Referral: _____

What services is the applicant currently receiving from your program/agency? _____

Current ACS Involvement? Y N **Worker:** _____ **Phone#:** _____

Is family willing to receive Family PEACE services? Y N

Please fax completed referral to: Family PEACE Program Fax: 646-317-5518
If you have any questions please call our Intake Line at 646-317-5517