



A Village for One

Intake & Referral Form

Referral Guidelines

1. To refer a potential participant, please complete this form and fax to (971) 204-7198 or via secure email to referrals@avillageforone.org. Please note, this form is 2-sided.
2. Referrals will be reviewed the next business day.

Client Information

Date of Referral:	First Name:	Last Name:
Preferred Name:	Preferred Pronouns:	
	She/Her	He/Him
	They/Them	Other: _____
Date of Birth (MM/DD/YYYY):	County:	Address:
City/State:	Zip Code:	Email:
Primary Phone:	Who's Phone # is This?	Primary Phone:
		TEXT Safe to leave VM
Alternate Phone:	Who's Phone # is This?	Alternate Phone:
		TEXT Safe to leave VM

Referent Information

Referent Name:	Organization:
E-Mail Address:	Phone:

Insurance Information

Insurance Carrier:	#:
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What is prompting this referral? Check all that apply:

Homeless

Sex Trafficking/At Risk

Adult Sex Industry Involved

Runaway/Abduction

Diversion

Other:

Race

Ethnicity

Native American

Multi-racial

Other cultural group

Latino/Hispanic

African American

Pacific Islander

Unknown

Yes

No

Asian

White

Sexual Orientation

Gender Identity

Heterosexual/Straight

Lesbian

Male

Female

Gay

Bisexual

Transgender Male

Transgender Female

Other:

Non-Binary

Other:

Additional Information Related to Referral:

Entered in CAC Carenet

Scanned

Referrals Made

For Office Use Only