DEPARTMENT OF PUBLIC SAFETY & CORRECTIONAL SERVICES
DOMESTIC VIOLENCE PROGRAM ASSESSMENT REFERRAL

Part I Case Management

Name: _____ SID#: _____

Release Date: _____ Parole Status: _____

Current Offense(s): _____ Sentence: _____

Reason for Referral:

_____

_____

_____

Person Making Referral: _____ Date Referred: _____

Facility: _____

Email the completed assessment request and the state's version of the offense to the Regional Social Work Supervisor for assignment. The social work department will prioritize referrals based on release date.

Part II Social Work

Social Worker Completing Assessment: _____

Date Assigned: _____ Date Completed: _____

Assessment Result: ☐ Eligible ☐ Ineligible ☐ Unsuitable at this time.

If unsuitable for participation at this time, identify under what condition or time frame should the incarcerated individual be referred for a:

Follow up Assessment: _____

Other Comments: _____

☐ OCMS Assessment Dashboard was updated by regional social work supervisor.

☐ OCMS Case Note was entered by social worker completing the assessment.

Certification:

Social Work Staff Signature: _____