



NSTAY Referral Form

Referring Agency

Agency/Org: _____ Date of Referral: _____
Name of Referee: _____ City/Town: _____
Phone Number: _____ Email: _____

Client Information

Name: _____
DOB: _____ Gender Identity: _____
Phone Number: _____ Safe to leave a message? _____
Address/Living Situation: _____

Is the client aware of this referral? _____

If not, please explain why: _____

Has the client been referred to any other organizations? _____

Background Information/Reason for Referral

Is the client currently separated from the perpetrator? _____
If yes, how long have they been separated? _____

Is the perpetrator incarcerated? _____

Is the client in contact or communicating with the perpetrator? _____

Has anyone made threats toward the client? _____

Any other safety concerns: _____

Does the client consent to being contacted by the NSTAY team? _____

If yes, is it safe to leave a voicemail? _____

Referee's Signature: _____

Date: _____