

Alpha Project  
Violence Intervention Program  
Referral Form

Please complete a Referral for each new client and fax to (443) 990-0009  
Ask clients to contact the program within five (5) business days.

Date \_\_\_\_\_

Client Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_

**CONTACT NUMBERS:**

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Other \_\_\_\_\_ Name/Relationship \_\_\_\_\_

**REFERRED BY:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_

Telephone \_\_\_\_\_ ext \_\_\_\_\_ Email \_\_\_\_\_

**Referral for Violence Intervention Program:**

**OTHER SERVICES:**

Abuser Intervention Program (Domestic Violence)

Anger/Aggression Management

Responsible Fatherhood Parenting

ABC Circle (Domestic Violence Female Aggressor)

Victim/Partner Contact Program

**SERVICE LOCATION**

Oliver Community Association

1400 E. Federal Street 2nd Floor

Baltimore, MD 21213

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*Do not write below this line*

Referral Received \_\_\_\_\_

Client Contact Date \_\_\_\_\_ MCP/AIP Staff \_\_\_\_\_

Outcome Assessed \_\_\_\_\_ Start Date \_\_\_\_\_

All services provided are confidential.

[www.mycovenantplace.org](http://www.mycovenantplace.org)

- [www.alphaprojectmd.org](http://www.alphaprojectmd.org)

1400 E. Federal Street ■ 2nd Floor ■ Baltimore, MD 21213