

DRAFT

REFERRAL-OUT FORM

Name of Batterer: _____

Date: _____

Based on the batterer's screening, (BIP) has determined that the participant is not suitable for the program. The batterer was deemed inappropriate due to:

- ☐ High Homicide/Suicide Risk
- ☐ Severe Mental Health Problem
- ☐ Sexual Offender
- ☐ Child Abuse Offender
- ☐ History of Extreme Violent Criminal offenses
- ☐ Disruptive or non-appropriate behaviors
- ☐ Substance Abuse History
- ☐ Sexual Orientation
- ☐ Gender
- ☐ Non-English speaking

Referrals:

Additional comments:

(BIP) Staff: _____