



Men's Resource Center
of West Michigan

Client Referral Form

Probation Officer:	Client Name
Probation Dept. and Address	Client Address
Probation Phone and Fax Number	Client Phone Numbers
Probation email	Client email

REQUESTED SERVICES

All Services begin with 3 Individual Sessions, and terminate with an Individual Exit Session. Additionally, clients are required to participate in a minimum of 2-3 Individual Sessions while in Group Counseling.

- _____ Domestic Relationships Group (26 wks)
- _____ Sexuality Group (20 wks)
- _____ Nurturing Dads Group (16 wks)
- _____ Men's Accountability Class (MAC) (8 wks)
- _____ Evaluation/Assessment to answer this question: _____
- _____ Anger Management Group (16 wks)
- _____ Substance Abuse Group (16 wks)
- _____ Individual Counseling for _____wks

REASONS FOR REFERRAL

Charged with _____ Conviction/Sentencing _____

No Contact Order? Yes - No / PPO? Yes - No / Probation Terms-Length? _____

Prior Criminal Record: _____

Other Pertinent Information: _____

If available, please send these reports: police, criminal record, pre-sentencing, probation, victim assistant

RELEASE OF INFORMATION

I hereby authorize communication between the above named referral agency and the Men's Resource Center (MRC) at Fountain Hill regarding charges against me, any prior criminal record and/or court orders, and my attendance, participation, and progress at the MRC, as well as any recommendations of MRC clinicians. This release is in effect from _____ to _____.

Client's Signature: _____ Date: _____

Referring Agent's Signature: _____ Date: _____