FAMILY PEACE PROGRAM

Provider Referral Form

Date: _____

Patient:

Last Name: _____ **First Name**: _____ **DOB:** _____

Contact #: _____ (h) (w) (m)

Is it **safe to call:** Y ■ N ☐

Is it **safe to leave a message:** Y ☐ N ☐

Children:

Name: _____ DOB: _____

Name: _____ DOB: _____

Were children "exposed" to domestic violence? **Y** ☐ **N** ☐ **Don't Know** ■

Children's exposure includes in-utero exposure, when a child observes, intervenes, is victimized, participates in the violence, is an eyewitness, hears the assault, observes the initial effects, experiences the aftermath of violence, or overhears conversations about the assault.

Reason for Referral: _____

_____

_____

_____

_____

Provider Name: _____ **Telephone#** _____

Please fax completed referral to: Rachel Colon, Intake Coordinator Fax: 212-491-2354
If you have any questions please call our Intake Line at 212-491-2325.

Eligibility: *The Family PEACE Program provides services to* ***children 0-18yrs*** *of age that have been exposed to domestic violence. Domestic violence can include physical aggression, intimidation, threats, controlling behavior and forced sexual acts.*

Services: *Child-Parent Psychotherapy (CPP) for children 0-5yrs; Kids Club for children 6-12yrs (12wk group); teen group for youth 13-18yrs (12 wk group); Parenting group for mothers (runs concurrently with the Kids Club).*

Family PEACE Program 534 West 135th St., New York NY 10031 Cynthia Arreola, Program Manager 212-491-2326

NewYork-Presbyterian
Ambulatory Care Network