



COALITION FOR INDEPENDENT LIVING OPTIONS, INC.
"Promoting Independence for People with Disabilities"

Serving Palm Beach and the Treasure Coast

Crime Victim Service Department Referral

Please Complete and Scan to:

lcsack@cilo.org

REFERRAL SOURCE:

Name _____

Agency _____

Phone _____ Email _____

Would you like a follow-up status message? _____

REFERRAL INFORMATION:

Name of Victim _____

Address _____

Phone _____ Is phone safe to call? _____

Email (if available): _____

DOB _____ Type of disability _____

Race _____ Language _____

Type of Crime and/or Brief Summary: _____

Was a Report Made? ____ If yes, Report Number and Agency Name: _____

Is there an SAO Case? ____ If yes, Case Number: _____

ASA Assigned: _____ Division: _____

Needs:

Please note CILO offices observe all major holidays and will have limited staff for the winter holidays as outlined below.