



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 Email to:

CILOVS@CILO.ORG

REFERRAL SOURCE:

Name _____

Agency _____

Phone _____ Email _____

Would you like a follow-up status message? _____

(NOTE: We must receive consent from consumer in order to provide you/your agency update)

If consumer consents for updates to be provided to referring agency, please have the consumer sign here (if applicable): _____

REFERRAL INFORMATION:

Name of Victim _____

Address _____

Phone _____ Is phone safe to call? _____

Email (if available): _____

DOB _____ Type of disability _____

Race _____ Language _____

Was the crime reported to law enforcement? _____

Type of Crime and/or Brief Summary: _____

Needs:
