



International Rescue Committee

1200 South 192nd St Suite 101, SeaTac, WA 98148

Tel: (206) 623-2105 • Fax: (206) 243-6666

IRC Family Wellness Program

Referral Form

Please send via email to Family.WellnessSEA@rescue.org

Date of Referral _____

Referred By _____

Referral Origin

☐ NGO

☐ Legal Aid
Org

☐ Government

☐ Local LEA

☐ Health Care
Facility
☐ Self

☐ Private Citizen

☐ Other: (specify [Click or tap here to enter text.](#))

Information about Client

Name _____

DOB/ Age _____

Gender _____

Country of Citizenship _____

Ethnicity _____

Current Immigrations Status _____

Is immigration relief being sought? ☐ Yes ☐ No If so, what form(s)?

VAWA T-Visa U-Visa Parole Asylum F1 TPS FGM/C Forced Marriage Other:

Date application submitted or expected to be submitted: _____

Receipt Number/Case Number: _____

Marital Status ☐ Single ☐ Partner ☐ Married ☐ Divorced ☐ Legally Separated ☐ Estranged ☐ Widowed

Primary Language = _____

English Proficiency ☐ Basic ☐ Intermediate ☐ Advanced

Interpreter Required? ☐ Yes ☐ No

Prefer method of contact: ☐ Mobile Phone ☐ Email ☐ Text Messaging ☐ Mail

Safe Telephone No. _____

Safe to Leave Voicemail? ☐ Yes ☐ No

Safe to Leave Text Message? ☐ Yes ☐ No

Safe Email Address

Safe to send email? ☐ Yes ☒ No

Safe Address

Safe to send mail? ☒ Yes ☒ No

Do you have Children ☐ Yes ☐ No

Name	D.O.B	Gender	Location	Natural-N Adopted-A Stepchild-S	Special Needs

Identified Needs

Description of Case ☐ Domestic Violence ☐ Other Types of Harm ☐ Both

Type of Case

Current Threats/ Fears

Reported to Law Enforcement? ☐ Yes ☐ No

**If Yes, Agency Name/Contact
Approximate Date Reported**

Case Number

Assigned Officer:

Appointed Lawyer:

Phone Number:

OK to share information for case coordination:

☐ Yes ☐ No

Is there a no contact order in place: ☐ Yes ☐ No

Jurisdiction and date of order enforced:

Party protected:

Protected from:

Expiration date of order:

Current Living Situation .

