



**Cher-Ae Heights Indian Community of the Trinidad Rancheria  
Tribal Victim Assistance Program  
Referral Form**



**Main: 707-825-2712 | Fax: 707-677-3760  
Email: VSassist@trinidadrancheria.com**

**1) Reporter Information:**

Name: \_\_\_\_\_  
Organization/Agency: \_\_\_\_\_  
Position/Relationship to Client: \_\_\_\_\_  
Phone: \_\_\_\_\_ Okay to leave a message at this number  Yes  No

**2) Client Information:**  Primary Victim  Secondary Victim  Non-Victim

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender Identity:  M  F  Other: \_\_\_\_\_  
Phone: \_\_\_\_\_ Okay to leave a message at this number  Yes  No  
Race/Ethnicity (check all that apply)  AI/AN  Hispanic/Latino  Black/African American  
 Native Hawaiian/Other Pacific Islander  Asian  
 White (Non-Latino)  Other Race  Multiple Races

Enrolled Tribal Member:  Yes  No If yes, which Tribe: \_\_\_\_\_

**3) Services Requested:**

Yes  No **Information and Referral**  Yes  No **Emotional Support and Safety**  
 Yes  No **Criminal/Civil Justice System**  Yes  No **Advocacy/Accompaniment**  
 Yes  No **Emergency Assistance**  Yes  No **Other:** \_\_\_\_\_

**Office Use Only:**

Date Referral Received: \_\_\_\_\_ Date Intake Packet Sent: \_\_\_\_\_

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# Referral Form

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Reporter Name: \_\_\_\_\_ Reporter Contact: \_\_\_\_\_

Present Situation:

Reporter Initial: \_\_\_\_\_