



Survivors Pathway Corporation

Justice and Empowerment Center

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REFERRAL

Date: _____ Client/Victim's Preferred Language: _____

Client/Victim's Name: _____ Preferred Name: _____

D.O.B: _____ Phone Number: _____ E-mail: _____

Referring Agency: _____ Person Referring: _____

Phone: _____ E-mail: _____

Crime Reported to _____ Police Department or DCF/FBI/Other _____

Police Report Number/SAO Case Number: _____ Attached: Yes ___ No ___
Please attach Police Report if Applicable

Has Victim Compensation been filed? Yes ___ No ___ VC Claim Number if known: _____

Special Accommodations: Yes ___ No ___ Describe: _____

Service Delivery: Home ___ Survivors Pathway Office ___ School ___ Other: _____

Indicate Services Below

Mental Health Program

Public Health Program

Advocacy Program

Domestic Violence Victim

Survivor Trauma Informed Support Group fo Domestic Violence in Spanish

Criminal Justice Support & Advocacy/Court accompaniment

Sexual Assault Victim

Minor Witnesses of Domestic Violence/Sexual Assault

Trauma Informed Support Group to the Transgender Community in Spanish

Filing for VC Benefits

Human Trafficking Victim

Any Violent Crime Victim

Trauma Informed Support Group to the LGBTQI Community

Legal Assistance Referrals

Homicide Survivors

Biopsychosocial Assessment

HIV Testing, Counseling & PrEP Referral to Medical care

Case Management for HT victims

Immigration Referrals for victims

Food Assistance

Other: