



PO Box 340, Brandon, VT 05733 ♦♦ 802-247-3132 ♦♦ Fax: 802-247-4233

Referral Database Intake Form

Safer Society maintains a database of programs and individual providers offering treatment for sexual offenders and survivors of abuse. If you submit your program information, you do so with the understanding that this information will be available to the public through our online referral service. You can submit the form in one of three ways:

- Print out the blank form and fill it out by hand. Then either fax it to us at 802-247-4233 or mail it to us at the address above.
- Fill out the form electronically; then email to sarah@safersociety.org.
- Fill out the form electronically and then print it out and mail or fax it to us.

Treatment Provider Information

Fill out a form for each individual provider or one for the entire practice.

Agency Name*	
Treatment Provider	
Street Address*	
City, State & Zip*	
Phone*	

Client Services

Type "Yes" after each option that describes your practice.

Type of Program	Outpatient:		Residential:	
Client Gender/Orientation	Male:	Female:	LGBT:	
Client Age	Child:	Adolescent:	Adult:	
Client Special Needs	Spanish Language:	Hearing Impairment:	Developmentally Disabled:	
Client Type	Has been sexually victimized:	Has sexual behavior problems:		
Do you conduct assessments?				