



TREATMENT REFERRAL REQUEST FORM

To receive a list of clinicians who provide specialized sexual offender treatment in your geographical area, please complete this form and fax or mail it to Safer Society. Fields beginning with an asterisk are required. Information about the offender will help us provide the appropriate referral list.

To maintain confidentiality, the offender will be identified only by age and sex on the cover sheet.

We can only provide referrals to treatment providers located within the United States.

Please limit your request to no more than three states. If you find you require more, please submit a second request.

Safer Society Foundation, Inc. reserves the right to not provide a referral if we believe, in our sole discretion, that the request is being made for any purpose other than to locate a clinician who can provide treatment for a specific individual.

REQUESTER'S INFORMATION	
*Name:	
Agency (if applicable):	*State:
*Telephone #:	**Fax #:
**E-mail address:	
*Preferred response method: <input type="checkbox"/> Fax <input type="checkbox"/> E-mail	
OFFENDER'S INFORMATION	
*Seeking type of treatment: <input type="checkbox"/> Outpatient/ Community Based <input type="checkbox"/> Residential/Inpatient Treatment	
*Offender's sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	*Offender's age:
*Treatment location (request up to 3 states):	
Special Needs	
<input type="checkbox"/> Developmentally Disabled <input type="checkbox"/> Spanish Language Services <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Major Mental Illness	

Fax this form to: 802-247-4233

or mail it to: Safer Society Foundation, Inc.
PO Box 340
Brandon, VT 05733

If you have any questions, please call 802-247-3132.

*Fields starting with an asterisk are required.
**We must have at least a fax# or an e-mail address.