

The Cridge Centre for the Family: IPV-BI (Intimate Partner Violence and Brain Injury) Community Support Services

What is the program and how will it help?

The IPV-BI program aims to support women in community who have experienced intimate partner violence (IPV) and are living with a brain injury (BI) by bringing both services together. The purpose is to assist survivors with identifying daily living activities that have become challenging while developing and implementing strategies to address those challenges. Individuals are required to be supported by an Intimate Partner Violence program or consent for a referral to an Intimate Partner Violence Program to participate in Brain Injury Services.

Examples include but are not limited to:

- Support with executive functioning (e.g., phone calls, making lists, using a calendar, setting reminders, completing forms)
- Access and accompaniment to medical or other appointments (e.g., note-taking, communication support, follow up reminders)
- Fatigue management (e.g., energy budget, time management, scheduling)
- Home management (e.g., organization, chores schedule, doing 'with', building routines).
- Connecting to other community resources, when needed.

What will the services look like?

1-2 shifts per week with a focus on:

- Strategies for daily living skills and learning new tools, particularly around self-care, household management, medical or other appointments, phone calls and meetings, organization and memory, and parenting that are regular and ongoing (not short-term).
- Exploring meaningful engagement opportunities (work/volunteer).
- Connecting to other community resources to assist with mental health, addictions, support groups, housing, medical needs, emergency or crisis support.
- Providing brain injury information, including introduction to coping strategies for lifelong brain injury learning and acceptance and understanding of the impacts and outcomes of brain injury.

If you would like additional assistance to complete the referral:

Call Measha Gallagher at **778-430-0730** to schedule an appointment.

Completed referrals can be emailed to **mgallagher@cridge.org**.



Brain Injury Services Referral

Date of Referral: _____ / _____ / _____ (DD-MM-YYYY)

CLIENT INFORMATION

Name: _____
Last First Middle Initial

Birth Date: _____ / _____ / _____ Age: _____ Preferred Pronouns: _____

What ethnicity would best describe you: _____

Are you parent? Yes No

How old are they?

If yes, how many children do you have?

Are they in your care Yes No NA

Does anyone else live in your home? Yes No

If yes, please identify who:

Address: _____

City: _____ Province: _____ Postal Code _____

Primary Phone: _____ May we leave a message? Yes No

E-mail: _____ May we email? Yes No

Are you receiving support from any Intimate Partner Violence programs in Victoria? Check all that apply.

- Victoria Women's Transition House
- The Cridge Women's Transition House
- The Cridge Dovetail Program
- Victim Services
- Bridge's for Women
- Rosalie's Village
- Annie's Place
- Other:

Intimate Partner Violence Worker Contact Information: (If Applicable)

Name: _____
Last First Middle Initial

Organization: _____

Phone: _____ Fax: _____

E-mail: _____

*If no, would you like to be connected to a women's program or an IPV outreach worker? Yes No
Are you involved with any other programs? If yes, which organization/programs?

Please rate your level of comfort completing the following tasks:

Housework Low Medium High	Grocery Shopping Low Medium High	Using the computer Low Medium High	Laundry Low Medium High
Paperwork Low Medium High	Reading/writing Low Medium High	Money Management Low Medium High	Preparing meals Low Medium High
Taking Medication Low Medium High	Navigating a phone Low Medium High	Remembering Appointments Low Medium High	
Initiating Tasks Low Medium High	Time management Low Medium High	Making Phone Calls Low Medium High	

Please identify any specific areas that are challenging:

Isolation Yes / No	Overstimulation Yes / No	Regulating your emotions Yes / No
Memory Yes / No	Concentration Yes / No	Maintaining Routine Yes / No
Chronic pain Yes / No	Organization Yes / No	Getting distracted easily Yes / No
Fatigue Yes / No	Decision Making Yes / No	Substance misuse Yes / No
Relationships Yes / No	Staying focused Yes / No	Problem Solving Yes / No

Speaking or being understood Yes / No Other:

****Please note: The Cridge Brain Injury Services does not provide emergency services or housing. This program does not have internal access to emergency shelters or housing offered by The Cridge Centre or other programs.**

Medical documentation is not required to access IPV-BI services – A brief screening will be completed during formal intake to determine eligibility. Screening is not designed to act as a formal diagnosis.

OFFICE USE: RECEIVED BY ...

Date: _____