FAMILY VIOLENCE INTERVENTION PROGRAM (FVIP)

Participant Leave of Absence Status Form

PARTICIPANT INFORMATION

Program Name: _____ **Participant Name:** _____

Social Security Number: _____ **Date of Birth:** _____

Referral Source: _____ **Probation Officer / Court:** _____

Case Type: ☐ Felony ☐ Misdemeanor

LEAVE OF ABSENCE DETAILS

Leave Start Date: _____ **Expected Return Date:** _____ **Actual Return Date:** _____

Reason for Leave:

☐ Medical ☐ Family Emergency ☐ Incarceration ☐ Military ☐ Other: _____

Leave Approved By: _____

ENROLLMENT & SCHEDULE DETAILS

Date of Enrollment: _____ **Facilitator(s):** _____

First Class Date: _____ **Class Day(s) & Time:** _____

Format: ☐ In-Person ☐ Virtual ☐ Hybrid **Link / Room:** _____

COMMENTS / ADDITIONAL NOTES

_____

_____

_____

STAFF CERTIFICATION & TRANSMISSION

Prepared By: _____ **Signature:** _____

Title: _____ **Date:** _____

Sent To: ☐ Referral Source / Court ☐ Victim Liaison **Date Sent:** _____