**Measure 19 – Intimate Partner Violence Referrals**

**Caregiver Measure**

**Data Collection Time Point(s)**

9 Months Post Enrollment (ALL EBHV)

**\*Caregiver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Family ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**1. If Caregiver screen positive, did you (Home visitor) provide intimate partner violence referral information to the Caregiver?**

Yes (End)  No (Continue)

**2. If no, why?**

Unsafe for information to be provided

☐ Caregiver no longer in relationship

☐ Caregiver refused

Other, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_