

**MEMORANDUM OF UNDERSTANDING**

**Between [DV AGENCY] and [COMMUNITY HEALTH CENTER]**

This agreement is made by and between [DV Agency] and [health center] to enhance the response to individuals and families experiencing intimate partner violence.

The parties above and whose designated agents have signed this document agree that:

- 1) Representatives of [DV agency] and [health center] will meet each other at least once to understand the services currently provided by their respective programs and review referral policies between agencies.
- 2) Representatives of [DV agency] and [health center] will continue to meet for monthly check-ins either in person or over the phone.
- 3) [Health center] will develop and implement a policy to assess for intimate partner violence with all adult female patients, offer health education and harm reduction strategies on site, and make referrals to [DV agency], or other appropriate domestic violence program when necessary.
- 4) [DV agency] will receive referrals from [health center], and will develop and implement a policy to ask clients about their health needs, and make referrals to [health center] as appropriate.
- 5) [DV agency] and [health center] staff will participate in a one day training on identifying and responding to intimate partner violence.
- 6) [DV agency] and [health center] staff will develop an evaluation plan to measure the success of the project, including measuring the effectiveness of the trainings, and also the change in policies and procedures at both [DV agency] and [health center].
- 7) [DV agency] agrees to provide every individual seeking services as a result of a referral from [health center] with appropriate safety planning and support services to address intimate partner violence.

We, the undersigned, approve and agree to the terms and conditions as outlined in the Memorandum of Understanding.

By \_\_\_\_\_  
Name  
Title  
Organization/Center  
  
Date \_\_\_\_\_

By \_\_\_\_\_  
Name  
Title  
Organization/Center  
  
Date \_\_\_\_\_