

You are welcome to use this template as a guide for creating an MOU for own DV/Healthcare partnership. Text in red should be changed to reflect the players in your partnerships.

MEMORANDUM OF UNDERSTANDING

This document constitutes an agreement between **Domestic Violence Organization (DVO)** and **Health Care Organization (HCO)**.

DVO and **HCO** have agreed to partner for the **next two years** for the purpose of enhancing the response to individuals and families experiencing intimate partner violence.

The designated agents have signed this document agree:

- I. Partnership will attend initial kick off meeting.
- II. Partnership will participate in technical assistance and training activities as identified by Project Coordinator.
- III. Partnership will attend cross-training on the impact of violence on health, and the unique roles health care providers and domestic violence advocates can play in preventing victimization and improving health outcomes for women who have experienced domestic violence.
- IV. Partnership will attend regular check-in meetings (via phone or in person) to make sure the education and referral process is clear and efficient.
- V. Partnership will complete a self-assessment of the partnership between **DVO** and **HCO** by the end date of this agreement.
- VI. **HCO** will develop and implement a policy to assess for and respond to domestic violence **for adult female patients/all adult patients/all patients**.
- VII. Partnership will agree to participate in evaluation activities, including provider behavior change surveys and client satisfactions surveys.
- VIII. **DVO** will provide services as needed to all clients referred by **HCO**.
- IX. **DVO will allocate X number of spaces in their Domestic Violence Counselor training for HCO staff.**

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

Signature: _____

Executive Director
DVO

Date: _____

Signature: _____

Executive Director
HCO

Date: _____