

# IMMIGRANT SURVIVORS OF PARTNER VIOLENCE MATERIALS REQUEST

Immigrant Survivors of Partner Violence provides multilingual safety plans created especially for immigrants whose lives have been impacted by domestic violence and dating violence. ISPV safety plans are updated with current immigration and resource information. They are compact in size and can be carried inconspicuously. We also offer “Red Flags / Green Flags” cards illustrating healthy and unhealthy relationships in several languages. If you or your organization is interested in any of ISPV’s multilingual materials, please complete the request form below and return it by email, fax, or mail.

Mail to:

YWCA of Greater Cincinnati  
898 Walnut Street  
Cincinnati, OH 45202

Fax and Email:

Fax number : (513) 241-7231  
info@ywcacin.org

OR

### Multilingual Safety Materials - Request Form

Please indicate the language and quantity of materials you would like to receive.

**Safety Plans:**

- |  |   |   |                                     |
|--|---|---|-------------------------------------|
| <input type="checkbox"/> Arabic _____  | <input type="checkbox"/> French _____     | <input type="checkbox"/> Spanish _____                    |                                     |
| <input type="checkbox"/> Chinese _____ | <input type="checkbox"/> Korean _____     | <input type="checkbox"/> Spanish (Limited Literacy) _____ |                                     |
| <input type="checkbox"/> English _____ | <input type="checkbox"/> Russian _____    | <input type="checkbox"/> K'ich'e _____                    |                                     |
| <input type="checkbox"/> Farsi _____   | <input type="checkbox"/> Vietnamese _____ | <input type="checkbox"/> Mam _____                        | <input type="checkbox"/> Urdu _____ |

**Healthy/Unhealthy Relationships cards (“Red Flags/Green Flags”):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Chinese _____ | <input type="checkbox"/> Farsi _____      | <input type="checkbox"/> Arabic _____                     |
| <input type="checkbox"/> Korean _____  | <input type="checkbox"/> Spanish _____    | <input type="checkbox"/> Spanish (Limited Literacy) _____ |
| <input type="checkbox"/> Urdu _____    | <input type="checkbox"/> Vietnamese _____ | <input type="checkbox"/> English _____                    |

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**WOMEN**  

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**HELPING**  

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empowering women  
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