

Dependent Intake for Domestic Violence Providers

Basic Client Information

First Name:* _____

Last Name:* _____

Middle Name: _____

Gender:*

- Male Don't Know
 Female Refused
 Transgendered Male to Female
 Transgendered Female to Male
 Other

Birthdate:*

- _____
 Full DOB Reported
 Approximate or Partial DOB Reported
 Don't Know
 Refused

Client Age _____

Social Security Number:*

- _____
 Don't Know or Don't Have
 Refused

Relationship to Head of Household:*

- Self Spouse
 Parent Foster Child
 Son Grandchild
 Daughter Other Family Member
 Dependent Child Other Non-Family Member
 Grandparent Other Caretaker
 Guardian

Ethnicity:*

- Hispanic/Latino
 Non-Hispanic/Latino
 Don't Know
 Refused

Race:*

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Don't Know Refused

Universal Data Assessment

Assessment Date:* _____

Program:* _____

Assessment Type:*

- Entry During Program
 Enrollment
 Exit Followup
 Other

Veteran Status:*

- Yes No
 Don't Know Refused

Military Branch:*

- Army Coast Guard
 Air Force Other
 Navy Don't Know
 Marines Refused

Service Era:

- Post September 11, 2012 (September 11 – Present)
 Persian Gulf Era (August 1991-September 10, 2001)
 Post Vietnam (May 1975-July 1991)
 Vietnam Era (August 1964-April 1975)
 Between Korean and Vietnam Wars (February 1955-July 1964)
 Korean War (June 1950-January 1955)
 Between WWII and Korean War (August 1947-May 1950)
 WWII (September 1940-July 1947)
 Between WWI and WWII (December 1918-1940)
 WWI (April 1917-November 1918)
 Don't Know Refused

Duration of Active Duty Months: _____

Discharge Status:

- Honorable Active
 General Other
 Medical Don't Know
 Bad Conduct Refused
 Dishonorable

Served War Zone:

- Yes No
- Don't Know Refused

Disabling Condition:*

- Yes No
- Don't Know Refused

Residence Prior to Program Entry:*

- Emergency Shelter
- Transitional Housing for Homeless Persons (Including Homeless Youth)
- Permanent Housing for Formerly Homeless Persons
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center
- Hospital (non-psychiatric)
- Jail, Prison, or Juvenile Detention Center
- Staying or living in a family member's room, apartment or house
- Staying or living in a friends' room, apartment or house
- Hotel or motel paid for without emergency shelter voucher
- Foster care home or foster care group home
- Place not meant for habitation
- Safe Haven
- Rental by client, with VASH housing subsidy
- Rental by client, with other (non-VASH) ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Rental by client, with no ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Other _____
- Don't Know Refused

Length of Stay:*

- One week or less
- More than one week, but less than one month
- One to three months
- More than three months, but less than one year
- One year or longer
- Don't Know
- Refused

Prior Zip Code*

Prior Zip Code: _____

City/State: _____

Prior Zip Code Quality:*

- Full Zip Code Recorded
- Don't Know
- Refused

Housing Status*

- Literally homeless
- Unstably housed and at risk of losing their housing
- Imminently losing their housing
- Stably Housed – Rent
- Stably Housed – Own
- Don't Know
- Refused
- Other

Continuously Homeless for a Year or More:

4 Episodes of Homelessness in the Past 3 Years:

Barriers*

- | | |
|---------------------------------------------------|-------|
| <input type="checkbox"/> Alcohol Abuse | _____ |
| <input type="checkbox"/> Chronic Health Condition | _____ |
| <input type="checkbox"/> Developmental Disability | _____ |
| <input type="checkbox"/> Drug Abuse | _____ |
| <input type="checkbox"/> HIV/AIDS | _____ |
| <input type="checkbox"/> Mental Health | _____ |
| <input type="checkbox"/> Physical Disability | _____ |

Date Identified

Receiving Services

- Yes No

Condition Id'd

- Yes No

No Barriers: Yes No

Domestic Violence Assessment of Victim

Is client a victim of domestic violence:*

- Yes
- No
- Don't Know
- Refused

When Experience Occurred:*

- Within the past three months
- Three to six months ago
- For six to twelve months ago
- More than a year ago
- Don't Know
- Refused

Victimization Date:* _____

Interviewer: _____

Assessment Description: _____

Interview Type: In-Person Phone Call Only

- Physical
- Sexual
- Psychological

Weapon Used:

- Knife
- Gun
- Other
- Unknown

Associated with DV – Alcohol:

- Yes by Abuser
- Yes by Victim
- Yes by Both
- No

Associated with DV – Drugs:

- Yes by Abuser
- Yes by Victim
- Yes by Both
- No

Length of Violent Relationship:

- Under 1 Year
- 1-5 Years
- 6-10 Years
- 11-20 Years
- Over 20 Years
- Unknown

Sexual Assault Type:

- Adult Sexual Assault
- Adult Molested As Child
- Child Sex Abuse
- Rape
- Attempted Rape
- Other Sexual Contact

Sexual Assault Location:

- Victim's Home
- Assailant's Car
- Outside
- Assailant's Home
- College Campus
- Friend's Home
- Victim's and Assailant's Home
- Workplace
- Institution
- Other
- Unknown

Length Before Contact:

- Same Day
- 1 Day
- 3-6 Days
- 1 Week to 1 Month
- 2-6 Months
- 7-11 Months
- 1-5 Years
- 6-10 Years
- 11-15 Years
- Over 15 Years
- Unknown

Survivor of Incest

Other Child Sexual Abuse

Other Information and Offender Relationship to Victim

- Child Abuse (960s)
- Physical Abuse
- Psychological Abuse
- Child Witnessed Abuse
- Abuse Through Neglect
- Other Type of Abuse
 - Terrorizing
 - DUI/DWI Crash
 - Elderly Abuse
 - Stalking, Robbery
 - Non-DV Assault
 - Harassment
 - Disorderly Conduct
 - Survivor of Homicide
 - Violation of Court Order
 - Other _____

Relationship to Victim:

- Parent
- Grandparent
- Guardian
- Other Family Member
- Other Non-Family
- Other Caretaker
- Spouse
- Intimate Partner
- Sibling
- Acquaintance
- Stranger

Legal/Crime Information

Law Enforcement Called:

- Yes
- No
- No
- Yes – but didn't respond
- Unknown

Legal/Crime Information Cont.

Abuser Arrested:

- Yes
- No
- Unknown

Incident Report Filed:

- Yes
- No
- Unknown

Signer of Report:

- Victim Other
- Law Enforcement Unknown

Criminal Complaint Filed

Went to Court

Convicted

Civil Resolution

No Legal Resolution

Adult Education Assessment

Currently in School/Working on Degree:*

- Yes No
- Don't Know Refused

Received Vocational Training/Apprenticeship:*

- Yes No
- Don't Know Refused

Financial Assessment

Cash Income:*

- Earned Income \$ _____
- Unemployment Insurance \$ _____
- Supplemental Security Income \$ _____
- Social Security Disability Income \$ _____
- Veteran's Disability Payment \$ _____
- Private Disability Insurance \$ _____
- Worker's Compensation \$ _____
- TANF \$ _____
- General Assistance \$ _____
- Retirement (Social Security) \$ _____
- Veteran's Pension \$ _____
- Other Pension \$ _____
- Child Support \$ _____
- Other Income \$ _____

Financial Assessment Cont.

Non Cash Benefits:*

- Food Stamps/Money for Food on Card
\$ _____
- MEDICAID
- MEDICARE
- State Children's Health Insurance Program
- Special Supplemental Nutrition Program (WIC)
- Veteran's Administration Medical Services
- TANF Child Care Services
- TANF Transportation Services
- Other TANF-Funded Services
- Section 8, Public Housing, Other Rental Asst.
- Other Source
- Temporary Rental Assistance

Employment Assessment

Employed:*

- Yes No
- Don't Know Refused

Hours Worked In Last Week: _____

Employment Tenure:

- Permanent Don't Know
- Temporary Refused
- Seasonal

Looking for Additional Employment/Increased Hours:

- Yes No
- Don't Know Refused

Child Education Assessment:

Highest Grade Completed:*

- No School Completed
- Nursery School to 4th Grade
- 5th Grade or 6th Grade
- 7th Grade or 8th Grade
- 9th Grade
- 10th Grade
- 11th Grade
- 12 Grade, No Diploma
- High School Diploma
- GED
- Post-Secondary School
- Don't Know Refused

Child Education Assessment Cont.

Current Enrollment Status:

- Yes No
- Don't Know Refused

Type of School:

- Public School Home School
- Charter Technical/Career
- Parochial or other private school
- Don't Know Refused

School Name: _____

Connected with McKinney/Vento School Liaison?

- Yes No
- Don't Know Refused

Health Assessment

General Health Status

- Excellent Poor
- Very Good Don't Know
- Good Refused
- Fair

Pregnancy Status

- Yes No
- Don't Know Refused

Pregnancy Due Date: _____

Transportation Assessment

Primary Transit Means:*

- Own vehicle Bus
- Ride from friends/family VanTran
- Bicycle Walk
- Other: _____

Vehicle Ownership:

- Own
- Leased
- Borrowed

Vehicle Make: _____

Vehicle Model: _____

Vehicle Year: _____

Vehicle Description: _____

Vehicle Condition:

- Good running condition
- In Need of Repair
- Impounded

Vehicle Condition Description: _____

Registered State: _____

License Plate Number: _____

Insurance Company: _____

Insurance Renewal Date: _____

License Number: _____

License Expiration Date: _____