**Shelter Intake Form: Brief**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Name**  **Pronouns**   **Cell Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Intake Date/Time** **Staff/Interviewer** **Accommodations Needed?** Yes  No **If so, please describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Perpetrator Information of Presenting Experience:** |
| **Gender:** 🞏 Female 🞏 Male 🞏 Transgender | **Race:** 🞏 African-American/Black🞏 Asian 🞏 Latino(a)/Hispanic🞏 Native American/Native  Alaskan | 🞏 Native Hawaiian/Pacific  Islander🞏 Other/Unknown🞏 White/Caucasian |
| **Age: \_\_\_\_\_\_\_\_\_\_** | **Relationship:** 🞏 Acquaintance🞏 Caretaker (non-family) 🞏 Cohabitating Partner/Spouse  (includes ex’s)🞏 Dating partner🞏 Extended Family | 🞏 Other Household Member🞏 Parent🞏 Stepparent/Parent’s Dating Partner 🞏 Stranger🞏 Unknown/Other  |
| **Is there a Protective Order in effect?******Yes  No***If yes, attach a copy.*** |
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| **Accompanying Child(ren) Information:****Full Name: Age: Gender and Pronouns:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Immediate Needs:** |
| **Are you or your children in need of:** | 🞏 food Need Addressed? 🞏 Yes 🞏 No🞏 clothing Need Addressed? 🞏 Yes 🞏 No🞏 shoes Need Addressed? 🞏 Yes 🞏 No🞏 other Need Addressed? 🞏 Yes 🞏 No | Notes: \_\_\_\_\_\_\_\_\_\_\_\_Notes: \_\_\_\_\_\_\_\_\_\_\_\_Notes: \_\_\_\_\_\_\_\_\_\_\_\_Notes: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Do you or your children have any current medical or health related needs?** 🞏 Yes 🞏 No🞏 H***ealthcare information provided.*** |

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| **Emergency Contact Person:****Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **By signing below, my signature grants permission for staff to call the above emergency contact person in the case of an emergency.****Resident Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_**Staff/Interviewer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ |

Developed by the Haven Shelter & Services, Inc. in Warsaw, Virginia and adapted by the Virginia Sexual and Domestic Violence Action Alliance