

**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