

**Shelter Intake Form: Full**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_ Staff/Interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_ Race: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_ Locality of Residency: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Do you identify as a person with a disability? | 🞏 Yes 🞏 No |
| If yes, is it a result of domestic and/or sexual violence? | 🞏 Yes 🞏 No |
| Are you an immigrant/refugee/asylum seeker? | 🞏 Yes 🞏 No |
| Are you a person with limited English proficiency? | 🞏 Yes 🞏 No |
| Are you a veteran (either active duty or retired/discharged)? | 🞏 Yes 🞏 No |
| Are you eligible for Temporary Assistance to Needy Family (TANF) benefits? | 🞏 Yes 🞏 No  🞏 Don’t Know |
| Are there concerns for your children who have been exposed to violence? | 🞏 Yes 🞏 No |
| Are you currently enrolled in college? | 🞏 Yes 🞏 No |
| Do you identify as Lesbian, Gay, Bisexual, or Queer? | 🞏 Yes 🞏 No |
| Do you identify as deaf or hard of hearing? | 🞏 Yes 🞏 No |
| Do you identify as homeless? | 🞏 Yes 🞏 No |
| Have you used our services before? |  |

How did you hear about our services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason Shelter Requested 🞏DV 🞏SV 🞏FV 🞏Homelessness 🞏Other

**Presenting Incident of Violence**

|  |  |
| --- | --- |
| Was there a recent incident of violence that brought you to shelter? | 🞏Yes 🞏No |
| Where did the presenting violence take place? | 🞏 Campus/University  🞏 Home  🞏 Other household  🞏 School (pre-school – grade 12)  🞏 Unknown/Other  🞏 Workplace |
| Was the presenting incident reported to law enforcement? | 🞏Yes 🞏No |
| Have charges been filed against perpetrator? | 🞏Yes 🞏No |
| If yes, 🞏Misdemeanor 🞏 Felony 🞏Both | |
| Do you have concerns about custody of your children or child support? | 🞏Yes 🞏No |
| If you do not have a protective order, are you interested in more information on how to obtain one? | 🞏Yes 🞏No |

**Impact of Presenting Experience**

What are your primary concerns right now that are a result of your most recent experience? Check all that apply.

* Ability to meet basic financial needs
* Access to affordable and safe housing
* Awareness and access to community resources (how to get more help)
* Family stability
* Impact of the violence on children
* Impact of the violence on a non-offending partner
* Impact of the violence on a non-offending parent/guardian
* Mental/emotional health and well being
* Immigration issues
* Legal issues
* Physical well-being
* Safety (fear of the abuser, feeling unsafe)
* Sexual and reproductive health and well- being
* Spiritual well-being
* Support systems/relationships (trust, relationships within communities, family and friends)

Of the concerns you have identified above, what are your three most immediate concerns?

1. \_\_\_\_\_\_\_\_\_\_\_ 2. \_\_\_\_\_\_\_\_\_\_\_\_ 3. \_\_\_\_\_\_\_\_\_\_\_\_

What have you done to help keep yourself safe in the past, in response to the violence, that has been helpful?

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What have you done in the past that has not been helpful?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Asking any questions about history of violence experienced should be prefaced with an explanation and a request to continue. “I would like to ask you a couple of questions about your history with violence and whether you have had past experiences with violence, is it alright for me to proceed or would you rather not. It is up to you.” Allow the person a few moments to think about what they would like to do.*

**History of Violence Experienced**

|  |  |
| --- | --- |
| Have you experienced sexual or domestic violence in any other relationship as an adult? | 🞏 Yes 🞏 No |
| More info:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Have you experienced sexual or domestic violence as a child? | 🞏 Yes 🞏 No |
| More info:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Is there anything you would like to share about any experience of violence you have experienced in the past? | 🞏 Yes 🞏 No |
| More info:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

*I would like to move on to talk about what brought you to us. The next set of questions is about your most recent experiences with violence. Please take your time and feel free to stop if you need to take a break.*

**Risk Assessment and Safety Planning**

|  |  |  |
| --- | --- | --- |
| If perpetrator is a former partner/spouse, is the separation recent? | | 🞏 Yes 🞏 No |
| *Has the perpetrator ever:* | | 🞏 Yes 🞏 No |
|  | Stalked you or another family member? | 🞏 Yes 🞏 No |
|  | Used a weapon, or an object as a weapon against you or another? | 🞏 Yes 🞏 No |
|  | Threatened to or used a firearm against you or another? | 🞏 Yes 🞏 No |
|  | Made threats of suicide or homicide? | 🞏 Yes 🞏 No |
|  | Blocked or obstructed your breathing? | 🞏 Yes 🞏 No |
|  | Hurt or threatened to hurt your children? | 🞏 Yes 🞏 No |
|  | Hurt or threatened to harm a pet or other animal you or your children care for? | 🞏 Yes 🞏 No |
|  | Destroyed or threatened to destroy your property? | 🞏 Yes 🞏 No |
|  | If you are dependent on the perpetrator, has the perpetrator kept you from getting help with a personal need, such as eating, bathing, toileting, or access to medications? | 🞏 Yes 🞏 No |
|  | Are you currently pregnant or concerned about being pregnant? | 🞏 Yes 🞏 No |
|  | Destroyed or tampered with (messed with) your birth control, refused to use birth control or prevented you from using birth control? | 🞏 Yes 🞏 No |
|  | Forced you to become pregnant when you didn’t want to or to terminate a pregnancy that you didn’t want to? | 🞏 Yes 🞏 No |
|  | Pressured or forced you to do things sexually you are not comfortable with? | 🞏 Yes 🞏 No |
|  |  |  |
| As a result of the violence, have you or your children: | | |
|  | Sustained physical injuries requiring emergency medical attention? | 🞏 Yes 🞏 No |
|  | Missed time from school, work or missed scheduled appointments? | 🞏 Yes 🞏 No |
|  | Experienced a loss of income and or financial security? | 🞏 Yes 🞏 No |
|  | Become homeless? | 🞏 Yes 🞏 No |
|  | Had to relocate? | 🞏 Yes 🞏 No |
|  | Considered suicide? | 🞏 Yes 🞏 No |
|  | Become pregnant or were worried about being pregnant when you did not want to be? | 🞏 Yes 🞏 No |

**Medical and Health Information**

|  |  |
| --- | --- |
| Do you or your children have any health concerns or medical issues that we should know about? | 🞏 Yes 🞏 No |
| If yes, please explain.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Are you or your children on any medication that the staff should be aware of? | 🞏 Yes 🞏 No |
| If yes, please explain.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Do you or your children have any concerns about any health or medical related issues that you would like to address? | 🞏 Yes 🞏 No |
| If yes, please explain.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Do you have health insurance? | 🞏 Yes 🞏 No |
| Do your children have health insurance? | 🞏 Yes 🞏 No |
| Would you feel comfortable providing your health insurance information to the staff? *If yes, copy health insurance card/information and attach.* | 🞏 Yes 🞏 No |
| If you do not have health insurance, would you like help with trying to get it? | 🞏 Yes 🞏 No |
| Do you have a primary care doctor?  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞏 Yes 🞏 No |
| Would you be interested in speaking with a healthcare professional while you are at the shelter? | 🞏 Yes 🞏 No 🞏 Maybe |

*The following questions are for individuals who express a need in obtaining housing or employment.*

**Housing and Employment**

|  |  |  |
| --- | --- | --- |
| Are you currently employed? |  | 🞏 Yes 🞏 No |
| If not, when and where were you last employed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| What is the source of your income? | 🞏 Child Support  🞏 Disability/SSI Benefits | 🞏 Other  🞏 Salary |
| What is your current income per month? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Do you have a prior felony conviction? |  | 🞏 Yes 🞏 No |
| Have you ever been evicted from housing? |  | 🞏 Yes 🞏 No |
| Do you know your credit score? |  | 🞏 Yes 🞏 No |
| If yes, what is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Would you like help in finding out your credit score? | | 🞏 Yes 🞏 No |
| Do you have a car or access to transportation? | | 🞏 Yes 🞏 No |

**Education**

|  |  |
| --- | --- |
| Did you complete high school | 🞏 Yes 🞏 No |
| If no, what grade did you complete? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| If no, do you have a GED? | 🞏 Yes 🞏 No |
| If no, are you interested in pursuing a GED at this time? | 🞏 Yes 🞏 No |
| Did you complete college? | 🞏 Yes 🞏 No |
| If yes, what was your degree in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Are you a registered voter? | 🞏 Yes 🞏 No |
| Would you like to become a registered voter? | 🞏 Yes 🞏 No |

Is there anything else you would like to tell us about your situation or what you might need from the staff?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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