

## Adult Shelter Client Intake Information

Agency (shelter) \_\_\_\_\_

SSN# \_\_\_\_\_

First Name \_\_\_\_\_

M. I. \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

Apt. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

#ID \_\_\_\_\_

\_\_\_\_\_

Intake Date \_\_\_\_\_ Time \_\_\_\_\_

Race/ Ethnicity

? African American

? Asian

? Hispanic

? Native American

? White

? Multi-Racial

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Phone home \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Address \_\_\_\_\_

Automobile \_\_\_\_\_

License Plate \_\_\_\_\_ State \_\_\_\_\_

Transferred (did not spend the night)   

### Tab 2 Medical and Income

Child's Med. Release    yes no n.a.

Pregnant                    yes no n.a.

Disability physical mental none n.a.

Doctor \_\_\_\_\_

Doctor phone \_\_\_\_\_

Insurance \_\_\_\_\_

? Medication (self)

? Medication (children)

? Medicine Allergy (self)

? Medicine Allergy (children)

### Client's Income

| Source            | Client | Abuser | Other |
|-------------------|--------|--------|-------|
| Public Assistance |        |        |       |
| Child Support     |        |        |       |
| SSI/SSD           |        |        |       |
| Wages/Tips        |        |        |       |
| Unemployment      |        |        |       |
| Other             |        |        |       |
| Total             |        |        |       |

(buttons on program calculate total)

Below Poverty Level    yes no n.a.

TANF Recipient            yes no n.a.

\_\_\_\_\_

**Tab 3 Abuser Information**

SSN \_\_\_\_\_ Sex F M  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_  
First Name \_\_\_\_\_  
M. I. \_\_\_\_\_  
Last Name \_\_\_\_\_  
Address \_\_\_\_\_  
Apt. \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
County \_\_\_\_\_  
# Abused \_\_\_\_  
In Household yes no n.a.  
Race/ Ethnicity  
? African American  
? Asian  
? Hispanic  
? Native American  
? White  
? Multi-Racial  
? n.a.  
Height \_\_\_\_\_ Weight \_\_\_\_\_  
Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
\_\_\_\_\_

**Education**

- ? Less than high school
- ? Some high school
- ? High school graduate/GED
- ? Attended college
- ? College graduate
- ? Technical school graduate
- ? Master's degree
- ? Doctoral/professional degree
- ? n.a.

**Work Status**

- ? Not employed
- ? Employed
- ? n.a.

**Disability**

physical mental none n.a.

**Witnessed DV as Child** yes no n.a.

**Chemical Dependencies**

- |  |
|--|
| <ul style="list-style-type: none"><li>? Abuses alcohol</li><li>? Abuses drugs</li><li>? Recovering alcoholic</li><li>? Recovering addict</li><li>? No alcohol/drug abuse</li></ul> |
|--|

? Other distinguishing Marks  
\_\_\_\_\_

? Owns/has access to a Weapon  
yes no n.a.

? Place of employment  
\_\_\_\_\_

? Vehicle Description  
\_\_\_\_\_

? Auto License/State  
\_\_\_\_\_

? Comments  
\_\_\_\_\_

#### **Tab 4 Other Client Information**

Dependents \_\_\_\_ Previous Shelter \_\_\_\_  
Previous Shelter Here    yes    no    n.a.  
Last Departure from this shelter \_\_\_\_\_  
Urban      Suburban      Rural      n.a.

#### **Education**

- ? Less than high school
- ? Some high school
- ? High school graduate/GED
- ? Attended college
- ? College graduate
- ? Technical school graduate
- ? Master's degree
- ? Doctoral/professional degree
- ? n.a.

#### **Referred by**

- ? Court Advocate
- ? DHR
- ? Family/friend
- ? Judge/court personnel
- ? Medical
- ? Mental Health
- ? Media
- ? Ministry/clergy
- ? Other shelter
- ? Past experience
- ? Phonebook
- ? Police department
- ? Prosecutor/attorney
- ? SAIL specialist
- ? Social service
- ? Other
- ? N.A.

#### **Housing**

- ? Home with abuser
- ? Home without abuser
- ? Friends/relatives
- ? Other DV shelter
- ? Homeless shelter
- ? Inpatient treatment
- ? Substance abuse program
- ? Unknown
- ? Other
- ? N. A.

#### **Abuser Relationship**

- ? Dating
- ? Living together
- ? X-partner
- ? Spouse
- ? Separated from spouse
- ? X-spouse
- ? Parent
- ? Child
- ? Other family member
- ? Other
- ? n.a.

#### **Time Together**

- ? less than 3 months
- ? 3-5 months
- ? 6-11 months
- ? 1-2 years
- ? 3-5 years
- ? 6-10 years
- ? more than 10 years
- ? n.a.

#### **Work Status**

- ? Not employed
- ? Employed
- ? n.a.

Employer \_\_\_\_\_

|                          |     |    |      |
|--------------------------|-----|----|------|
| Police Called for DV     | yes | no | n.a. |
| Raped- Not by Abuser     | yes | no | n.a. |
| Children Saw Abuse       | yes | no | n.a. |
| Abuse in Pregnancy       | yes | no | n.a. |
| Witnesses DV as Child    | yes | no | n.a. |
| Adult Child of Alcoholic | yes | no | n.a. |

#### **Chemical Dependencies**

|                       |
|-----------------------|
| Abuses alcohol        |
| Abuses drugs          |
| Recovering alcoholic  |
| Recovering addict     |
| No alcohol/drug abuse |

#### **Victim Compensation**

- o Provided info on compensation
- o Victim qualified for compensation
- o Victim not qualified for compensation

#### **Abuse Types by Abuser**

- o Confinement
- o Physical
- o Verbal/emotional/psychological
- o Destruction of property/pets
- o Rape/sexual
- o Stalking
- o Weapons threatened or used
- o Other

#### **Weapon Used**

- ? Gun
- ? Knife
- ? Hands
- ? Feet
- ? Fire
- ? None
- ? Other

