

Outreach Client Information (Adult & Child)

Agency (shelter) _____
 SSN _____
 First Name _____
 M. I. _____
 Last Name _____
 Address _____
 Apt. _____
 City _____
 State _____
 County _____
 #ID _____

Intake Date _____ Time _____

Female _____ Male _____

Adult _____ Child _____

Birth Date _____ Age _____

Race/ Ethnicity

? African American

? Asian

? Hispanic

? Native American

? White

? Multi-Racial

Phone home _____

Phone work _____

Mobile _____

Emergency _____

Notes

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 House yes no n.a.
Race/ Ethnicity
? African American
? Asian
? Hispanic
? Native American
? White
? Multi-Racial
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

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

? 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

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

- A** Abrasion
 - B** Bruise
 - R** Broken Bone
 - P** Puncture Wound
 - O** Other (describe)
-

Tab 6 Mental Health Information

Past M. H. counseling or treatment
 Yes No

Positive M. H. Treatment Outcome
 Yes No

Ever Hospitalized for M. H. Reasons
 Yes No

M.H. Medications – Taking Now
 Yes No

M. H. Medications- Taken in the Past
 Yes No

Has M. H. Medications (date taken)
 Yes No

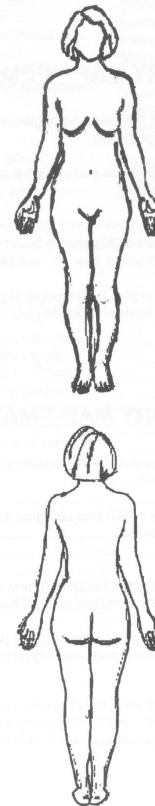
Change in Sleep/Eating Patterns
 Yes No

Suicidal Thoughts
 Yes No

Past Suicide Attempt
 Yes No

Alcohol/Drugs Last Used

Tab 5 Injury Diagram



Behavior Checklist

Strange or Unusual Behavior
 Yes No

Withdrawn and Expressionless
 Yes No

Excessive Crying or Sadness
 Yes No

Agitated or Restless
 Yes No

Distracted
 Yes No

Disoriented or Confused
 Yes No

Other Behavior _____
 Yes No