



<b>ADV INITIALS:</b>	<b>ADV SITE:</b> <input checked="" type="checkbox"/> <sup>h</sup> <input type="checkbox"/> Main office <input type="checkbox"/> DCYF <input type="checkbox"/> Shelter <input type="checkbox"/> On call <input type="checkbox"/> Sat1 <input type="checkbox"/> Sat2	<b>ADV POSITION:</b> <input checked="" type="checkbox"/> <sup>h</sup> (Req) <input type="checkbox"/> AVAP <input type="checkbox"/> CA <input type="checkbox"/> Director <input type="checkbox"/> DVS <input type="checkbox"/> Intern <input type="checkbox"/> Shelter <input type="checkbox"/> SA <input type="checkbox"/> Admin <input type="checkbox"/> CJ <input type="checkbox"/> Direct Srvc <input type="checkbox"/> Ed/outreach <input type="checkbox"/> Volunteer <input type="checkbox"/> Other trained staff	
<b>REFERRED BY:</b> <input checked="" type="checkbox"/> <sup>h</sup> (Req)		<b>METHODS OF CONTACT</b> <input checked="" type="checkbox"/> <sup>h</sup>	
<input type="checkbox"/> Acquaintance <input type="checkbox"/> Medical Provider <input type="checkbox"/> CAC <input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Court <input type="checkbox"/> Other Crisis Center <input type="checkbox"/> DHHS-BEAS <input type="checkbox"/> Outreach <input type="checkbox"/> DHHS-DCSS <input type="checkbox"/> Police <input type="checkbox"/> DHHS-DCYF <input type="checkbox"/> Prosecutor <input type="checkbox"/> DHHS-DFA <input type="checkbox"/> Self <input type="checkbox"/> DHHS-DJJS <input type="checkbox"/> School/Campus <input type="checkbox"/> DHHS-Other <input type="checkbox"/> Social Service Provider <input type="checkbox"/> Employer <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Family/Friend <input type="checkbox"/> Unknown <input type="checkbox"/> Faith-Based Community <input type="checkbox"/> Website <input type="checkbox"/> Lawyer <input type="checkbox"/> Other: _____		<input type="checkbox"/> Crisis Line <input type="checkbox"/> Shelter <input type="checkbox"/> DCYF <input type="checkbox"/> Social Service Org. <input type="checkbox"/> Email <input type="checkbox"/> CAC <input type="checkbox"/> Office Appt. <input type="checkbox"/> Court <input type="checkbox"/> Office Call <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office Walk-in <input type="checkbox"/> Other DHHS <input type="checkbox"/> Home Visit <input type="checkbox"/> Police Dept. <input type="checkbox"/> Prosecutor <input type="checkbox"/> Support Group <input type="checkbox"/> School/Campus <input type="checkbox"/> Other _____  <b>Comments:</b>	
<b>CONTACT ORGANIZATION INVOLVED</b>			
CAC _____ Court _____ DCYF DO _____ Hospital _____ Police Station _____ Prosecutors _____ Support Group _____			
<b>OUTREACH CAMPAIGNS:</b> STATEWIDE/CUT IT OUT/HAIRSTYLIST <input type="checkbox"/> : LOCAL: <input type="checkbox"/>			
<b>ACCOMPANIMENT TO</b> <input checked="" type="checkbox"/> <sup>h</sup>		<b>CHILD ADVOCATE SERVICES</b> <input checked="" type="checkbox"/> <sup>h</sup>	
<input type="checkbox"/> CAC <input type="checkbox"/> Police <input type="checkbox"/> Court <input type="checkbox"/> Supervised Visitation & Exchange <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____		<input type="checkbox"/> Child Care <input type="checkbox"/> Children's Activities - Individual <input type="checkbox"/> Children's Activities - Group <input type="checkbox"/> Children's Advocacy <input type="checkbox"/> Children Counseling <input type="checkbox"/> Family Strengthening – Child/Sibling <input type="checkbox"/> Family Strengthening – Family <input type="checkbox"/> Family Strengthening – Parent/Child <input type="checkbox"/> Parenting Support	
<b>Service Period ID #:</b> <small>For Data Entry use only</small>			
<b>GENERAL SERVICES</b> <input checked="" type="checkbox"/> <sup>h</sup>		<b>REFERRED TO</b> <input checked="" type="checkbox"/> <sup>h</sup>	
<input type="checkbox"/> Child Care <input type="checkbox"/> Counseling Services <input type="checkbox"/> Crisis Counseling <input type="checkbox"/> Dove Intakes <input type="checkbox"/> Emergency Financial Assist. <input type="checkbox"/> Emergency Legal Advocacy <input type="checkbox"/> Follow-up <input type="checkbox"/> Information <input type="checkbox"/> Material Goods Assistance <input type="checkbox"/> Parental Support <input type="checkbox"/> Personal Advocacy <input type="checkbox"/> Profile Updates <input type="checkbox"/> Safety Planning <input type="checkbox"/> Shelter Assessment <input type="checkbox"/> Suppt. Grp/Counseling Srvc <input type="checkbox"/> Therapy <input type="checkbox"/> Transportation <input type="checkbox"/> Transportation to Shelter <input type="checkbox"/> Victim Compensation <input type="checkbox"/> Other _____		<input type="checkbox"/> Batterer Intervent.Prog. <input type="checkbox"/> Bonnie Clac <input type="checkbox"/> CAC/Children's Advocacy Ctr <input type="checkbox"/> Children's Services <input type="checkbox"/> Commun. Advoc. Org. <input type="checkbox"/> Corrections <input type="checkbox"/> Court <input type="checkbox"/> DHHS-BEAS <input type="checkbox"/> DHHS-DCSS <input type="checkbox"/> DHHS-DCYF <input type="checkbox"/> DHHS-DFA <input type="checkbox"/> DHHS-DJJS <input type="checkbox"/> Domestic Viol. Prog. <input type="checkbox"/> Dove <input type="checkbox"/> Educational Institute <input type="checkbox"/> Faith-based Organiz. <input type="checkbox"/> Government Agency <input type="checkbox"/> Homeless Services <input type="checkbox"/> Housing Services <input type="checkbox"/> Immigration <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Legal Services <input type="checkbox"/> Medical <input type="checkbox"/> Mental Health <input type="checkbox"/> Prosecutor <input type="checkbox"/> Sexual Assault Prog. <input type="checkbox"/> Social Service <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Supervised Visitation & Exchange Centers <input type="checkbox"/> Other _____	
		<b>DVS</b> <input checked="" type="checkbox"/> Sections as needed	
		<b>CONSULT PARTY</b> <input checked="" type="checkbox"/> <sup>h</sup> <input type="checkbox"/> DHHS-BEAS <input type="checkbox"/> DHHS-DCSS <input type="checkbox"/> DHHS-DCYF <input type="checkbox"/> DHHS-DFA <input type="checkbox"/> DHHS-DJJS <input type="checkbox"/> DHHS-DCYF Attorney <input type="checkbox"/> Other-CASA <input type="checkbox"/> Other-GAL <input type="checkbox"/> Other-Police Dept <input type="checkbox"/> Other-Victim Attorney <input type="checkbox"/> Other-Not Listed	
		<b>DCYF CIVIL COURT</b> <input checked="" type="checkbox"/> <sup>h</sup> <input type="checkbox"/> Exparte Hearing <input type="checkbox"/> Bill F <input type="checkbox"/> Preliminary <input type="checkbox"/> Consent Decree <input type="checkbox"/> Adjudicatory <input type="checkbox"/> Dispositional <input type="checkbox"/> Appeal <input type="checkbox"/> Review <input type="checkbox"/> Permanency <input type="checkbox"/> TPR <small>Term. of Parental Rights</small>	
		<b>DCYF CONSULT STAGE</b> <input checked="" type="checkbox"/> <sup>h</sup> <input type="checkbox"/> Assessment <input type="checkbox"/> Transfer Meeting <input type="checkbox"/> Family Services <input type="checkbox"/> Case Plan <input type="checkbox"/> Permanency Plan. Team	
		<b>DHHS</b> <input type="checkbox"/> Initial Referral <small>(check only once in case lifetime)</small>	
<b>CIVIL COURT SUPPORT</b> <input checked="" type="checkbox"/> <sup>h</sup>		<b>CRIMINAL JUSTICE SUPPORT</b> <input checked="" type="checkbox"/> <sup>h</sup>	
<input type="checkbox"/> Custody <input type="checkbox"/> Visitation <input type="checkbox"/> Divorce <input type="checkbox"/> Other <input type="checkbox"/> Separation _____		<input type="checkbox"/> Bail Hearing/Arrestment <input type="checkbox"/> Viol TPO/FPO <input type="checkbox"/> Criminal Charge <input type="checkbox"/> Other _____ <input type="checkbox"/> Viol. Bail/Criminal PO	
		<b>SHELTER SERVICES</b> <input checked="" type="checkbox"/>	
		<input type="checkbox"/> Shelter Intake <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Safehouse <input type="checkbox"/> Transitional Housing	
<b>PROTECTIVE ORDER TYPE</b> <input checked="" type="checkbox"/> <sup>h</sup>		<input type="checkbox"/> DV-Temporary <input type="checkbox"/> DV-Final <input type="checkbox"/> Stalking -Temporary <input type="checkbox"/> Stalking -Final	
<b>PROTECTIVE ORDER</b>		<b>PO OUTCOME</b> <input checked="" type="checkbox"/> <sup>h</sup>	
<input type="checkbox"/> Victim is PO Defendant  <b>CRIMINAL JUSTICE</b> <input type="checkbox"/> Victim is Defendant		<input type="checkbox"/> Continued <input type="checkbox"/> Unknown <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn <input type="checkbox"/> Granted <input type="checkbox"/> Under Advisement <b>Judge's Name</b> <small>(Write in)</small>	
		<b>SHELTER DURATION</b>	
		<b>Enter Date</b> _____ / _____ / _____ <small>mm   dd   yyyy</small>  <b>Exit Date:</b> _____ / _____ / _____ <small>mm   dd   yyyy</small>	
		<b>SHELTER STAY INFORMATION</b> <input checked="" type="checkbox"/> <sup>h</sup>	
		<input type="checkbox"/> First time in shelter <input type="checkbox"/> Stayed in this shelter before <input type="checkbox"/> Has stayed in other shelters before <input type="checkbox"/> Alone in Shelter	