

SAMPLE

SHNWC Intake

DATE: _____ TIME: _____ ADVOCATE: _____

REFERRED FOR: _____
For domestic violence, sexual assault, dating violence, or sex-trafficking

TYPE OF CONTACT: _____ SHELTER: _____ PHONE: _____ DROP IN.

Person's Information	Partner's Information
Name:	Name:
Phone:	
Address:	Address:
City/Sate/Zip	City/Sate/Zip
Tribe:	Tribe:
District:	District:
Birthdate: Age:	Birthdate: Age:
Martial Status:	Martial Status:
Source of Income:	Source of Income:
Special Needs:	Special Needs:

In case of emergency contact:

Name

Phone

Children's Names and Ages:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Are you a veteran? _____ Do you speak another language? _____

What is your ethnicity? _____

SAMPLE

Is an Order for Protection in place or pending? Yes____No____Which court?_____

Do you have any warrants or charges against you? Yes____No____

Describe:_____

Is your partner on Probation? _____What Court?_____

Were the police called regarding your situation? Yes _____No_____

Who was the officer(s) that responded?_____

Actions taken by officer: _____

What is your opinion of the police response?_____

SUMMARY: What Happened? Provide a description of injuries, threats, medical treatment; is there a current Protection Order on file, past filing of Orders for Protection; coming from another reservation, social services, religious/spiritual or other system responding to the violence? _____

Advocate Signature_____Date:_____

Guest Signature_____Date:_____

Kiicha Entrance Date: _____

Kiicha Exit Date: _____