

**Family Violence Services Intake Form**  
**Please Print**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Gender:  Female  Male Last four of SSN: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Number of children living with you: \_\_\_\_\_ Safe to call contact number: Y or N

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Did you witness abuse as a child?  Yes  No

If yes, type of abuse:  Physical  Verbal  Sexual

Do you have a physical/mental disability?  Yes  No Explain: \_\_\_\_\_

<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	Marital Status:	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Native American	<input type="checkbox"/> Other	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married
Tribe: _____		<input type="checkbox"/> Widowed	<input type="checkbox"/> Co-habitant

**Assistance Request**

I am requesting assistance for the following:

Clothing  Counseling  Emergency shelter  Employment/career counseling

Food (non-shelter residents only)  Rent  Education  Protective order

Relocation  Utility (only current balance)  Housing applications

Other \_\_\_\_\_

***Funding is limited ... If we cannot provide these services or other needs we will refer you to another agency. All bills must be in the client's name.***

**Perpetrator Information and Description**

Perpetrator Name: \_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	Weight: _____	Height: _____
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	Eye Color: _____	Hair Color: _____
<input type="checkbox"/> Native American	<input type="checkbox"/> Other	Hair Length: Scars, tattoos, beard	
Tribe: _____		or other: _____	

Perpetrator's relationship to the victim: \_\_\_\_\_

Perpetrator's past criminal history: \_\_\_\_\_

## Family Violence Services Intake Form History of Abuse

Type of Abuse:  Physical  Emotional/Verbal  Sexual

Are you and the perpetrator currently living in the same home?  Yes  No

Are you and/or your children in a safe place?  Yes  No

How often does the abuse occur?

Physical  Daily  Weekly  Monthly  Other

Emotional/verbal  Daily  Weekly  Monthly  Other

Sexual  Daily  Weekly  Monthly  Other

Has the perpetrator **ever** threatened to kill you?  Yes  No

Has the perpetrator **ever** threatened to kill himself/herself?  Yes  No

Has the perpetrator **ever** been violent toward anyone else, children, pets or furniture?

Yes  No Other? \_\_\_\_\_

Have you ever received medical treatment resulting from an abusive episode?  Yes  No

Action taken after an abusive episode: \_\_\_\_\_

Are you currently residing in a shelter?  Yes  No Shelter name: \_\_\_\_\_

Have you ever been in an abusive relationship in the past?  Yes  No

Have you ever received counseling?  Yes  No

Who referred you to this program or how did you learn about us? \_\_\_\_\_

### Legal Information

Was law enforcement contacted during the recent abusive incident?  Yes  No

If yes, please provide the following information:

Name of responding officer:  Police  Sheriff  Tribal

Agency/station: County: \_\_\_\_\_

Were pictures taken of the abusive incident/scene?  Yes  No

Was a protective order issued?  Yes  No

Was the perpetrator arrested?  Yes  No

Were charges filed?  Yes  No

**Family Violence Services Intake Form  
Narrative**

History of relationship (Example: I have been in a relationship for 6 years, this relationship has been abusive for the last 4. During this time.....

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Describe your current situation and reason for requesting assistance:

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Location/address of recent abusive incident: \_\_\_\_\_

Date of occurrence of recent abusive incident: \_\_\_\_\_

Who was present during the recent abusive incident? \_\_\_\_\_

Please provide name(s) and relationship: \_\_\_\_\_

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I am a victim of violence requesting assistance for services to alleviate family violence factors. The above information is true to the best of my knowledge. I am aware that federal funds are being used and penalties are subject to be used against me in the event of misrepresentation on my part.

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Staff Signature* *Date*

Limited English Proficiency Line: 1-800-522-SAFE (up to 150 languages spoken)

**Office Use Only:**

**Assistance:**  **Approved**  **Denied** **Reason for denial:** \_\_\_\_\_

Revised 11/2014



## Client Notice of Rights/Confidentiality Form for Advocacy Organizations

As a client of Citizen Potawatomi Nation Family Violence House of Hope, you have the following rights regarding the confidentiality of your personal information and communications with CPN Family Violence House of Hope staff and volunteers:

1. The information that you provide to CPN Family Violence House of Hope will be kept confidential to the greatest extent allowed by law.
2. You may choose what information you want to provide to CPN Family Violence House of Hope. You will not be denied access to services if you choose to not provide certain identifying information.
3. The information that you provide to CPN Family Violence House of Hope, including name, address, phone number and other personal information will not be shared with other individuals or agencies without your permission.
4. CPN Family Violence House of Hope staff may be required by law to report certain situations even if you don't give them permission to share or report the situations, such as suspected child abuse or neglect, threats to self or others, or commission of a crime. Staff and advocates will inform you of any reporting requirements prior to having conversations with you and will tell you when they must make a report and what information will be shared. Even when these reports are made, CPN Family Violence House of Hope should not share information beyond what is required by law.
5. Some general information about the types of services provided and overall demographics (e.g., age, ethnicity, number of children) of people that use CPN Family Violence House of Hope services must be shared with the agencies that fund CPN Family Violence House of Hope. However, information that specifically could identify you as someone who used CPN Family Violence House of Hope services will never be shared unless specifically authorized in writing by you.
6. After your intake with CPN Family Violence House of Hope, you may choose to be referred to other agencies for additional help and support agencies we partner with include: Infant Crisis Center, Growthlines, Joe Freeman, Red Rock Behavioral Health, Gateway, Creeks)
7. You can decide how much or how little of your personal information CPN Family Violence House of Hope will or will not be shared with each partner agency. You will be told, in general, what each partner's obligations are to keep your information confidential. If you choose to have CPN Family Violence House of Hope share some of your personal information with an agency we partner with, you will be told exactly how and what information will be shared. If you later decide that you don't want the information you have provided to be shared with any of CPN Family Violence House of Hope partners, let us know and we won't share any more information with those partners.
8. If you have any questions or concerns about this notice or your rights, or if you have a concern that your confidential information was not treated appropriately, please contact the coordinator of CPN Family Violence House of Hope.

Client: I, \_\_\_\_\_, have received notice of my rights to confidentiality. Date: \_\_\_\_\_

Advocate: I, \_\_\_\_\_ have explained this notice to the client Date: \_\_\_\_\_



# **The Citizen Potawatomi Nation Family Violence Department Safety Plan**

This safety plan is for victims of domestic violence. Safety planning helps develop tools in advance of potentially dangerous situations. Although I do not have control over my partner's violence, I do have a choice about how to respond to him/her and how to best get myself and my child/children to safety. Choose only the suggestions listed here that make sense for your set of circumstances.

## **Have a safe place to stay.**

Make sure it is a place that can protect you, your children and grandchildren. You should have at least two locations you can go already decided should you leave. Find someone you trust. Leave money, extra keys, copies of important documents and clothing with them in advance, so you can leave quickly, if necessary.

## **Have a packed bag ready.**

Keep it hidden in a handy place in order to leave quickly, or leave the bag elsewhere if your abuser finds your location.

## **Call a domestic violence victim service program.**

Find out which services and shelters are available as options if you need them. Keep their address and phone number close at hand at all times.

## **Trust your judgment.**

Consider anything that you feel will keep you safe and give you time to figure out what to do next. Sometimes it is best to flee, sometimes to placate the abuser - anything that works to protect yourself and the children.

## **Devise a code word or signal.**

This is a precaution to have in case the abuser arrives at your safe place. Tell your children or neighbors so you can communicate to them that you need the police.

## **Change all account information.**

Consider changing all utilities into your name only, along with your cell phone account, and bank account. Consider changing your cell phone number also, to elevate the abuser from having contact with you.

## **Have a safety plan.**

Teach your children or grandchildren how to call the police or someone they can trust. Have a secret code word that you and your children agree on - to communicate trouble and for the people who are allowed to pick the children up.

## **Checklist of important items to have:**

- Marriage and driver's licenses
- Birth certificates - yours and families
- Money, checkbooks, credit cards, ATM cards, mortgage payment book, car title
- Social Security card and passport
- Divorce, custody papers and restraining order
- Insurance papers and medical records
- Lease, rental agreement and/or house deed
- School and health records
- Keys - house, car, office, friends
- Medications, glasses, hearing aids, etc... needed by you and your family
- Personal items - address book, pictures, toys
- Copies of your intimate partner's green card and social security card
- Benefit card, food stamps

## **Upgrade your security system.**

Change the locks on all doors and windows as soon as possible. Consider a security service, better lighting, smoke detectors and fire extinguishers.

## **Talk to neighbors and landlord.**

Inform them that the abuser no longer lives with you and that they should call the police if they see the abuser near your home.

## **Get legal advice.**

Find a lawyer knowledgeable about domestic violence to explore custody, visitation and divorce provisions that protect you and your children. Discuss getting a restraining order as an option. Keep your Order of Protection with you at all times.

## **SAFETY AND YOUR CHILDREN**

### **Exchange child/children in a safe place.**

Find a safe place to exchange the children for visitation. Some communities have specific locations just for this purpose.

### **Tell schools and childcare.**

Let them know who has permission to pick up the children and give them your code word. Discuss with them the other special provisions to protect you and your children. Provide a picture of the abuser if possible. Give photocopies of your Order of Protection to your children's school and childcare provider.

## **SAFETY ON THE JOB**

Decide whom at work you will inform of your situation, especially if you have an Order of Protection. This may include office security if available. Provide a picture of the abuser if possible. It is your right to request and expect confidentiality from those you disclose to. Create a safety plan for when you enter and leave your work. Have someone escort you to your vehicle or other transportation.