



# ADULT INTAKE

Intake Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Safe to call/text:  Yes  No

Residential  Non-Residential

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ FVPSA Gender:  Male  Female  Non-Specified

Gender:  Cis-Male  Cis-Female  Trans-Male  Trans-Female  \_\_\_\_\_

**Ethnicity (check ALL that apply):**

- Black or African American  White  Asian
- Native Hawaiian or Other Pacific Islander  Hispanic or Latino  Unknown
- American Indian or Alaskan Native  Other: \_\_\_\_\_

**Relationship Type (check the ONE that fits best):**

- Single  Married  Civil Union  Co-Habiting
- Share a Child in Common  Divorced  Dating  Other: \_\_\_\_\_

<b>Domestic Violence</b>	<b>Other Victimization</b>	<b>Rural Area</b>	<b>Language Services Used?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Disability</b>	<b>LGBTQ+</b>	<b>Preferred Language</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	
<b>Annual Income</b>		<b>Children under 18?</b>	<b>Ok to email?</b>
<input type="checkbox"/> Below \$75,000 <input type="checkbox"/> Above \$75,000		<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes <input type="checkbox"/> NO <input type="checkbox"/>

**Advocate Reminders:**

Task	Date Completed	Task	Date Completed
Notification of Client Rights		Needs Assessment (within 7 days <input type="checkbox"/> )	
Offer Safety Planning		Risk Assessment (within 7 days <input type="checkbox"/> )	
Client Entered into Database		First Contact Recorded	

**Ongoing Client Service Information to be included in Client File:**

- Types of services provided
- Record of contacts
- Referrals provided
- Signed Release of Information forms

**RESIDENTIAL SERVICES INTAKE**

**DATE:** \_\_\_\_\_

Emergency Contact <i>Name</i>	<i>Phone Number</i>
Why are you seeking shelter? <input type="checkbox"/> Imminent Danger <input type="checkbox"/> Relocating <input type="checkbox"/> Other _____	
Do you need any accommodations for your stay in the Shelter?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what: _____
Do you need accommodations other than our Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No What: _____	Children / Dependents in the Shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who? _____
Child Intake (s) completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Notes:	<input type="checkbox"/> Food Allergies: <input type="checkbox"/> Medication Allergies: <input type="checkbox"/> Refrigerated Medication Storage Needs: <input type="checkbox"/> Behavioral Health needs?
Other:	

**PERPERTRATOR INFORMATION**

Name \_\_\_\_\_ Alias / Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Workplace / Schedule \_\_\_\_\_

Car ( Year / Make / Model/ Color) \_\_\_\_\_

Age: \_\_\_\_\_ Gender:  Male  Female  Transgender  Non-Specified  ICE Hold

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