

## Risk Assessment

Ask the client the following questions. The advocate should use these questions as a conversation starter to help discuss their risks and safety.

- What are the personal safety concerns? (Physical, verbal, abuse including stalking behavior, jealousy, has your significant other ever forced you to have sex, etc...)

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- What are the safety concerns for others in the home? (Children, family members, pets, friends, etc.)

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- Are there financial risks? (Money issues, employment concerns, bills, debt, school, etc.)

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- Are there concerns about legal issues? (Immigration, police, child protection, civil concerns, etc.)

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- What kind of social support does the client have? (Relationships with family/friends, co-workers, etc. that may be affected)

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- Are there any concerns about mental health? (Emotional concerns, sadness, depression, anger, stress, or diagnosed mental health conditions) Have you ever (or do you currently) have thoughts of ending your life? Do you ever wish you could go to sleep and not wake up?

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- Are there any concerns about substance abuse?

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## Needs Assessment

Ask the client the following questions. The advocate should use these questions as a conversation starter to help discuss their needs from the program and referrals to community resources.

Need	Met/Referral Given
<input type="checkbox"/> Emergency shelter	<input type="checkbox"/> _____
<input type="checkbox"/> Transitional housing	<input type="checkbox"/> _____
<input type="checkbox"/> Permanent housing	<input type="checkbox"/> _____
<input type="checkbox"/> Food	<input type="checkbox"/> _____
<input type="checkbox"/> Legal services (POs, civil/criminal, warrants)	<input type="checkbox"/> _____
<input type="checkbox"/> Immigration resources	<input type="checkbox"/> _____
<input type="checkbox"/> Documentation (ID, SS Card, etc.)	<input type="checkbox"/> _____
<input type="checkbox"/> Therapy for client	<input type="checkbox"/> _____
<input type="checkbox"/> Therapy for dependents	<input type="checkbox"/> _____
<input type="checkbox"/> Medical services	<input type="checkbox"/> _____
<input type="checkbox"/> Health insurance	<input type="checkbox"/> _____
<input type="checkbox"/> Job training	<input type="checkbox"/> _____
<input type="checkbox"/> Employment	<input type="checkbox"/> _____
<input type="checkbox"/> Financial assistance	<input type="checkbox"/> _____
<input type="checkbox"/> Transportation (bus tickets, gas, car repairs)	<input type="checkbox"/> _____
<input type="checkbox"/> Substance abuse assistance/treatment	<input type="checkbox"/> _____
<input type="checkbox"/> Parenting classes	<input type="checkbox"/> _____
<input type="checkbox"/> Education/GED	<input type="checkbox"/> _____
<input type="checkbox"/> Child Protection	<input type="checkbox"/> _____
<input type="checkbox"/> TANF / Benefits	<input type="checkbox"/> _____
<input type="checkbox"/> Food stamps	<input type="checkbox"/> _____
<input type="checkbox"/> Child care	<input type="checkbox"/> _____
<input type="checkbox"/> Victim Compensation	<input type="checkbox"/> _____
<input type="checkbox"/> Victim's Rights	<input type="checkbox"/> _____
<input type="checkbox"/> Safety planning	<input type="checkbox"/> _____
<input type="checkbox"/> Children's needs (school, supplies, etc.)	<input type="checkbox"/> _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> _____

## Safety Planning

The advocate should use the information from the risk and needs assessments to work with the client to plan for safety. This does not need to be documented other than to say that it was completed.

- Safety planning completed with client