

**AMERICAN RESCUE PLAN FOR DOMESTIC VIOLENCE SHELTER AND SUPPORTIVE
SERVICES INTAKE/ASSESSMENT FORM**

DATE: _____

CLIENT REFUSED TO COMPLETE ASSESSMENT

AGENCY NAME: _____ AGENCY ID: _____

STAFF NAME: _____ EMAIL ADDRESS: _____

CLIENT ID: _____ First Assessment Second Assessment Third Assessment

SERVICE ACCESS:

Please indicate the services client currently needs: (check all that apply)

Shelter/Hotel Case Management Legal Services Counseling/Mental Health Life Skills

Other: _____

DEMOGRAPHICS FOR PRIMARY ADULT CLIENT: (check all that apply)

RACE/ETHNICITY:

White Hispanic, Latino or Spanish Origin Black or African American Asian

American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Some other race, specify _____ Refuse or Prefer not to state

CURRENT GENDER IDENTITY:

Male Female Transgender male/Trans man Transgender female/Trans woman

Gender non-binary, Gender non-conforming Another gender category or another identity: _____

Prefer not to state

SEX AT BIRTH:

Male Female Non-binary or X Other: _____ Prefer not to answer

AGE:

18-24 25-44 45-64 65+

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PRIMARY LANGUAGE:

- English
 Spanish
 Chinese
 Arabic
 Armenian
 Farsi
 Khmer (Cambodian)
- Korean
 Russian
 Tagalog
 Vietnamese
 American Sign Language
- Other language: _____

HOUSEHOLD INFORMATION:

- Permanently Housed
 Non-Permanently Housed (Sheltered)
 Homeless

DOES CLIENT HAVE DEPENDENT CHILDREN IN THEIR CARE? Yes No

If yes, list below one line per child:

Children	Gender					Age	
	Male	Female	Transgender Male / Trans Boy	Transgender Female / Trans Girl	Unknown / Other	0-9	10-17
1							
2							
3							
4							
5							
6							
7							

INCOME:

Type of Income	Monthly Amount
Social Security Disability Insurance (SSDI) / Disability Income / Worker's Comp	\$
Supplemental Security Income (SSI)	\$
Child Support and / or Alimony	\$
General Relief (GR)/ Cal Works (TANF)	\$
Unemployment Insurance (UI)	\$
Retirement / Pension / Investment Income	\$
Employment / Self-Employment Income	\$
Other	\$
Total Monthly Household Income	\$

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INTAKE/ASSESSMENT FORM**

You may be facing a variety of different challenges to safety. When we use the word safety in the next set of questions, we mean safety from physical or emotional harm by another person.

Please indicate the number that best describes how you think about your and your family's safety right now by marking a check or an "x" in the box that best fits how you feel. When you are responding to these questions it is fine to think about your family's safety along with your own if that is what you usually do.

	Never True =1	Sometimes True =2	Half the Time True =3	Mostly True =4	Always True =5
1. I can cope with whatever challenges come at me as I work to keep safe.					
2. I have to give up too much to keep safe.					
3. I know what to do in response to threats to my safety.					
4. I have a good idea about what kinds of support for safety I can get from people in my community (friends, family, neighbors, people in my faith community, etc.).					
5. I know what my next steps are on the path to keeping safe.					
6. Working to keep safe creates (or will create) new problems for me.					
7. When something doesn't work to keep safe, I can try something else.					
8. I feel comfortable asking for help to keep safe.					
9. When I think about keeping safe, I have a clear sense of my goals for the next few years.					
10. Working to keep safe creates (or will create) new problems for people I care about.					
11. I feel confident in the decisions I make to keep safe.					
12. I have a good idea about what kinds of support for safety I can get from community programs and services.					
13. Community programs and services provide support I need to keep safe.					