



Outreach Intake

WS File # _____ Advocate: _____

ALL INFORMATION IS CONFIDENTIAL

Date: _____ Time: _____ am pm

Name: _____ Age: _____ Date of Birth: _____ Gender : (M or F): _____

Marital Status (S/M/D/C): _____ Sexual Orientation: Bisexual Gay Heterosexual Lesbian Not Provided Other

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone : (____) _____ Cell Phone : (____) _____ is it safe to contact you at the phone number? **Yes No**

Are you of Hispanic Ethnicity? **Yes No** Middle Eastern Ethnicity? **Yes No** Haitian Ethnicity? **Yes No**

Race:

____ American Indian/Alaskan Native

____ Native Hawaiian/Other Pacific Islander

____ Asian

____ Unknown

____ Black/African American

____ Other

____ Multi-Racial

____ White

Emergency Contact person: _____ Phone #: _____

Do you have any disabilities? **YES NO** Do you need any special accommodations? _____

INCOME INFORMATION:

Yearly Household Income: \$ _____ Yearly Income WITHOUT Abuser: \$ _____

Number of Dependents: _____ Total Number of individuals in Household: _____

*****Domestic Violence Partner/Perpetrator Information*****

His/Her Name: _____ Date of Birth: _____

Address: _____ City/State: _____ Zip: _____ County: _____

Telephone: (____) _____ Gender: **Male Female**

Race: _____ Hispanic? **Yes No** Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Acknowledgement

I hereby request counseling and/or advocacy for myself/my child(ren) from Abuse Counseling and Treatment, Inc. (ACT). I hereby release all ACT personnel/volunteers from any and all responsibilities for my action, decisions, and the well-being of myself/child(ren). *I understand that my records are protected by Federal and State confidentiality regulations and cannot be disclosed without my written consent. The exceptions to these regulations include incidents that could be deemed potentially life threatening, such as incidents of child abuse, suspected abuse of vulnerable adult, threats of suicide or homicide, or as required by law, i.e. by order of the court. Exceptions also include medical personnel in a medical emergency, receipt of a search warrant that specifies the individual or object of the search and alleges that the individual or object is located at the shelter, firefighting personnel in a fire emergency, any other person necessary to maintain the safety and health standards in the domestic violence shelter, and communication to law enforcement officers when the information is directly related to a client's commission of a crime or threat to commit a crime on the premises of a domestic violence shelter.*

I have been provided information on Florida Confidentiality and Privilege Laws, as well as policies and procedures of ACT regarding access to my file information, photos/videotapes and participation in public appearances. I was assessed for lethality and a Safety plan was developed with me. I received a copy of the Grievance procedure for ACT.

I, _____, acknowledge that the information collected during this Intake Assessment by Abuse Counseling & Treatment, Inc. has been reviewed by me and is correct to the best of my knowledge. Thank you for taking the time to complete this form. This information will help us to better meet your needs. Your cooperation is greatly appreciated.

Client Signature

Date

Counselor Signature

Date



Abuse and Lethality Assessment

Participant Name: _____

Date: _____

This abuse/lethality assessment is designed as a tool for survivors of domestic violence to use in evaluating/recognizing the abusive behaviors they have experienced, as well as the potential for harm or death in their relationship.

The word "lethal" means causing death. This "Lethality Assessment" is a tool to assess the possibility that a domestic violence victim may be killed. As you review these questions, consider that the more you have marked, the more dangerous the relationship may be.

BACKGROUND

1. How long have you been with your partner? _____
2. How long has your relationship been abusive? _____
3. When was the first incident of abuse? _____
4. When was the most recent incident of abuse? _____
5. Does it seem that the threats are occurring more frequently? YES or NO
6. Does it seem like the abuse is getting worse? YES or NO
7. Did your partner witness domestic violence as a child? YES or NO
8. Is your partner a survivor of child abuse? YES or NO
9. Is your partner a survivor of sexual assault? YES or NO

PET/ANIMAL ABUSE

1. As a child, did your partner witness the harming or killing of a pet or animal? YES or NO
2. Has your partner ever harmed, threatened to harm or killed a family pet or animal? YES or NO
3. Have you ever felt unable to leave your relationship out of fear for the safety of a pet?
YES or NO

PHYSICAL ABUSE (Check ALL that Apply):

Please check any physical abuse you have experienced with your partner:

- | | | |
|--|--------------------------------------|--|
| ☐ Hit | ☐ cut | ☐ burned |
| ☐ kicked | ☐ shot | ☐ smothered |
| ☐ thrown around | ☐ pushed | ☐ punched |
| ☐ slapped | ☐ choked | ☐ restrained |
| ☐ Spitting | ☐ pulled hair | ☐ thrown things |
| ☐ Biting | ☐ twisted arm | ☐ Other: _____ |

How often is your partner physically violent? _____

Have you ever blacked out due to the abuse? YES or NO

Have you ever needed medical attention due to an abusive incident? YES or NO

Have you ever needed the police? YES or NO

Additional Information discussed: _____

EMOTIONAL (Check ALL that Apply):

Check any types of emotional abuse you have experienced with your partner:

- | | |
|--|--|
| ☐ Forced acts you weren't comfortable doing | ☐ made you feel crazy |
| ☐ controlled your activities | ☐ forced humiliating acts |
| ☐ attacked your self –esteem | ☐ abused you in front of others |
| ☐ intentionally frightened you | ☐ abused you in front of the children |
| ☐ destroyed property | ☐ screaming and yelling |
| ☐ verbally abused you | ☐ punching walls |
| ☐ called you names | ☐ Other: _____ |

How often does the emotional abuse occur? _____

Additional Information discussed: _____

PSYCHOLOGICAL (Check ALL that Apply):

Check any types of psychological abuse you have experienced with your partner:

Threatening Behavior:

- | | |
|--|--|
| ☐ Destroy property | ☐ injure family and friends |
| ☐ Threatens deportation | ☐ hurt you |
| ☐ Displays weapons | ☐ kill you |
| ☐ take children away | ☐ hurt himself |
| ☐ harm the children | ☐ kill himself |
| ☐ kill the children | ☐ harm a pet |

Has he followed through on any threats? YES or NO

If yes, describe _____

Additional Information discussed: _____

Isolation:

- | | |
|---|---|
| ☐ Controls freedom to leave the home | ☐ follows you around |
| ☐ Isolates you from school, church, meetings | ☐ questions your whereabouts |
| ☐ Isolates you from friends or family | ☐ Denies access to a car |
| ☐ listens to phone calls | ☐ Denies access to a telephone |
| ☐ opens mail | ☐ Denies access to a job |
| ☐ monitors e-mail, text messages | ☐ Controls finances |

How frequently are you psychologically abused? _____

Additional Information discussed: _____

SEXUAL ABUSE (Check ALL That Apply):

Have you ever been sexually abuse as a child or adult? YES or NO

If yes, age at first incident: _____

If exact age is unknown, please pick an age range at first incident:

- | | |
|--|--|
| ☐ Unknown | ☐ Adult 2 (30-44) |
| ☐ Child (0-12) | ☐ Adult 3 (45-59) |
| ☐ Teen (13-17) | ☐ Adult 4 (60-64) |
| ☐ Adult 1 (18-29) | ☐ Adult 5 (65-99) |

Are you an adult survivor of incest? YES or NO

Has your partner ever:

- | | |
|---|---|
| ☐ Forced you to have sex | ☐ forced acts which felt uncomfortable |
| ☐ tied you up against your will | ☐ accused you of having affairs |
| ☐ used objects against your will | ☐ called you a whore or a slut |
| ☐ attacked sexual body parts | ☐ withholds sexual affection |
| ☐ treated you like a sex object | ☐ had affairs |

How frequently are you sexually abused? _____

Additional Information discussed: _____

LETHALITY

Please answer the following:

1. At this time do you feel your abuser knows where you are? YES or NO

Concerns: _____

2. Have you ever left your abuser before? YES or NO

If yes, how many times? _____

What behaviors/actions did he/she display? _____

3. At this time do you have concerns that your abuser may stalk you (if he knows your daily/weekly routine)? YES or NO

4. Has your partner ever threatened suicide? YES or NO

5. Has your partner ever threatened to kill you? YES or NO

6. Have you ever been afraid your partner would kill you? YES or NO

7. Do you believe your partner is capable of killing another person? YES or NO

8. Does your partner have weapons or access to weapons? YES or NO
9. Does your partner have fits of rage? YES or NO
10. Is your partner a jealous person? YES or NO
11. Does your partner appear obsessed with you? YES or NO
12. Does your partner use drugs or alcohol? YES or NO
13. Does the abuse escalate with substance abuse? YES or NO
14. How often are drugs or alcohol used? _____
15. Do you believe you can leave the house safely when the abuse begins to escalate? YES or NO
16. Has partner been violent with others? YES or NO
17. Has your partner ever been violent with law enforcement? YES or NO
18. Has your partner ever been arrested for domestic violence? YES or NO

If yes, how many times? _____

19. Is there a No Contact Order in place? YES or NO
20. Is there a warrant out on your partner because of domestic violence? YES or NO

If yes, where is the warrant from (City, County)? _____

21. Have you ever obtained an Injunction for Protection (IFP)/ restraining order? YES or NO

Do you feel you need an IFP now? YES or NO

Comments: _____

Thank you for completing the Abuse and Lethality Assessment. If you have any questions, please speak with your counselor.

Participant Signature

Date

Counselor Signature

Date



Escape Plan

Participant Name: _____

Date: _____

Has anyone ever discussed safety planning with you before? Yes or No

Has anyone ever taught you emergency and escape action? Yes or No

My Escape Plan includes:

- | | |
|---|---|
| ☐ Documentation | ☐ Medications |
| ☐ Cellular Phone/Calling cards | ☐ Money |
| ☐ Clothing | ☐ Personal items |
| ☐ Escape bag | ☐ Safe place |
| ☐ Important Items (keys, credit cards etc) | ☐ Other: _____ |
| ☐ Important telephone Numbers | ☐ Other: _____ |

Discuss other items needed to escape safely: _____

Additional information discussed: _____

Participant Signature

Date

Counselor Signature

Date



Comprehensive Safety Plan

Participant Name: _____

Date: _____

Has anyone ever discussed safety planning with you before? Yes or No

Has anyone ever taught you emergency and escape action? Yes or No

Discuss how you have maintained safety in the past:

At this time, what changes do you feel you should make to try to stay safe?

Personal Safety Planning:

- | | |
|--|--|
| ☐ Obtain 911-phone | ☐ Maintain No Contact Order |
| ☐ Utilize Buddy System | ☐ Routine Revision |
| ☐ Maintain Confidentiality | ☐ Maintain/Obtain Safe Shelter |
| ☐ Create an Escape Bag | ☐ School Safety (Children's Safety) |
| ☐ Develop an Escape Plan | ☐ Situational Awareness |
| ☐ Maintain/Obtain Injunction for Protection | ☐ Maintain Work Place Safety |
| ☐ Call 911 – Emergency Services | ☐ Other : _____ |

Financial Safety Planning:

- | | |
|--|---|
| ☐ Close Joint Bank Accounts | ☐ Obtain new employment |
| ☐ Change passwords for online banking | ☐ Open new Utility accounts; Consider security passwords |
| ☐ Close credit cards | ☐ Check Credit Reports |
| ☐ Close Utility accounts (Ex: Electric) | ☐ Change automatic deposits (Ex: SSDI) |
| ☐ Open new checking account | ☐ Child Support received via Dept. of Revenue |
| ☐ Change PIN on debit card | ☐ Child Support waived/Good Cause Exemption |
| ☐ Open new savings account | ☐ Other: _____ |
| ☐ Open new credit cards | |

Technological Safety Planning:

- | | |
|--|---|
| ☐ Change password on E-mail accounts | ☐ Social Media – Block users Ex: Facebook |
| ☐ Change cell phone number | ☐ Disable GPS on cell phone |
| ☐ Obtain SafeLink Wireless Cellular Phone | ☐ Turn off Bluetooth on devices (Ex: iPhone) |
| ☐ Social Media – Change passwords | ☐ Other: _____ |

Victim Services:

- ☐ Address Confidentiality
- ☐ Relocation Program
- ☐ Victim Compensation

- ☐ Victim Information and Notification Everyday
- ☐ Other: _____

Education provided:

- ☐ Lethality

- ☐ Other: _____

Referrals provided:

- ☐ Advocacy Unit
- ☐ Crisis Hotline
- ☐ Domestic Violence Division

- ☐ Non-Residential Services
- ☐ Other: _____

Additional Information Discussed: _____

Participant Signature

Date

Counselor Signature

Date

Outreach – Service Plan

This is the initial examination you and an outreach counselor will have in regards to goal setting. We understand that at this time you may be unaware of the goals you will need and want to set in the future. This is only a brief look at possible needs. As your time progresses here at the ACT, you and your counselor will develop more concrete service plans.

Are you employed: yes_____ no_____?

Monthly Income Level: Household: _____ Individual: _____

Goals

- | | |
|--|--|
| ☐ Children's needs | ☐ Mental health care |
| ☐ Dental care | ☐ Probation/Parole Compliance |
| ☐ Documentation | ☐ Relocation |
| ☐ Economic assistance | ☐ Safety |
| ☐ Education | ☐ Victim Services – Relocation |
| ☐ Employment Income | ☐ Victim Services – Victim's Compensation |
| ☐ Housing | ☐ Victim Services – Other |
| ☐ Immigration | ☐ Other |
| ☐ Legal Assistance | |
| ☐ Medical care | |

List any additional goals: _____

What would you like to achieve and/or learn through our services?

What challenges do you think you will face in achieving your goals?

Prioritize your goals:

List details (steps) on how you will achieve your stated goals:

Safety Plan: Discuss any goals related to the development/implementation of your safety plan:

Initial Referrals by staff:

Initial education provided:

VICTIM SERVICES:

Do you have a domestic violence arrest report within the past 30 days? Yes or No

Victim Services Programs (Office of the Attorney General)

Relocation Program explained to client

Victim Compensation Program explained to client

Address Confidentiality Program explained to client

Client requests to apply for a program offered through the Office of the Attorney General:

Yes or No

Pre-Qualification Guidelines for the Domestic Violence Relocation Program (Office of the Attorney General)

Relocation program explained to client

- ☐ Client pre-qualifies for relocation
- ☐ Client does not meet pre-qualification guidelines
- ☐ Client requests Relocation Program services
- ☐ Client declines Relocation Program Services
- ☐ Not Applicable

Additional Information discussed: _____

Client Signature

Date

Counselor Signature

Date