



INTAKE APPLICATION

Date: _____

Service Needed: _____

Intake Person: _____

PERSONAL:

Client Name: _____ Shelter Name: _____ Move Date: _____

Has you and your family been displaced by domestic violence or sexual assault? Tell me when it started and exactly what all happened. Please be as detailed as possible.

Questions:	Answer
1. Are you in communication or currently involved with your abusers?	
2. Has this happened more than once?	
3. Has he/she ever tried to kill you?	
4. Do you believe that he/she is capable of killing you?	
5. Has he/she ever choked/strangled/suffocated you?	
6. Has he/she every used a weapon or object to hurt or threaten you?	
7. Is he/she known to carry or possess a gun?	
8. Did he/she control most or all your daily activities?	
9. Has he/she ever forced you to have sex when you did not wish to do so?	
10. Has he/she threatened to harm people you care about?	
11. Did your children witness any of the physical abuse?	

Do you currently, or previously used drugs? _____ How long have you been clean? _____

Do you have a support system in place? _____

EMPLOYMENT:

Current Employer: _____ How Long? _____

Status of Job: _____ Does the client love their job? _____ Does client have a degree? _____

Does client have additional income: _____ Total monthly income: _____

NOTES ON EMPLOYMENT: Is this a candidate for Pathways to Prosperity? _____ Enrolled in school? _____

COUNSELING:

Questions:	Answer
1. Are you/child(ren) interested in receiving counseling?	
2. Do you/child(ren) have insurance?	
3. Are you/child(ren) receiving psychiatric/professional counseling?	
4. Are you/child taking prescribed psychiatric medication?	
5. Do you currently have a primary physician? Name:	
6. Have you/child(ren) had suicidal thoughts recently?	
7. Have you/child(ren) had suicidal thoughts in the past?	
8. Are you currently in a romantic relationship? How long?	
9. Have you/child(ren) experienced? Extreme depressed mood	
10. Have you/child(ren) experienced? Dramatic mood swings	
11. Have you/child(ren) experienced? Schizophrenia/Personality Changes	
12. Have you/child(ren) experienced? Extreme anxiety/Panic Attacks	
13. Have you/child(ren) experienced? Learning disabilities	
14. Have you/child(ren) experienced? Alcohol/Substance Abuse	
15. Have you/child(ren) experienced? Body complaints/eating disorders	
16. Have you/child(ren) experienced? Trauma history	
17. Have you/child(ren) experienced? Thoughts of homicide?	

HOUSING:

What is the current living situation? _____

NOTES ON HOUSING: What area does the client want to move to? _____

GOALS:

Goal #1 - Due Date:

Goal #2 - Due Date:

Goal #3 - Due Date:

PREASSESSMENT:

1. _____ I feel safe and in control of my life.
2. _____ I know ways to plan for my safety.
3. _____ I know about community resources I need.
4. _____ I am ready to date and fall in love again.
5. _____ I understand the red flags of domestic violence.

Intake Assessment Total: _____ **Pre-Assessment Total:** _____

ADDITIONAL NOTES:

[Empty rectangular box for additional notes]

Completed by: _____ **Signature:** _____ **Date:** _____