



Absentee Shawnee Tribe
Domestic Violence/Sexual Assault/
Family Violence Prevention
Intake



Date: _____ Client ID (Office Use Only): _____

Referred by (Name and Organization): _____

Name: _____
(First) (Middle) (Last) (Maiden Name)

DOB: _____ Current Age: _____ Gender: _____

[] Deaf /Hard of Hearing [] Immigrants/Refuge [] LGBTQ2S [] Veteran [] Disabled

[] Limited English Proficiency [] Other; If Other, Please Explain: _____

Address: _____
Street City State Zip Code

Contact # () _____ May we leave a message [] Yes [] No Alternate Phone: () _____

Do you have any supplemental income: [] Yes [] No Specify: _____

Employed: [] Yes [] No Location: _____

Marital Status: [] Single [] Married [] Divorced [] Separated [] Live-In [] Widowed

Race/Ethnicity

[] Native American [] Black [] White [] Hispanic [] PI [] Other

If Native American, please list tribal affiliation: _____

Would you like referrals to tribally appropriate resources: [] Yes [] No

If yes, Circle: Sweat Lodge Smudging Talking Circle Other _____
(sweet grass, sage, tobacco, cedar)

Are there any children in common or in the home with the abuser? [] Yes [] No

Table with 6 columns: Children(s) Name, Age, Race/Ethnicity, M/F, With whom do they live?, Ever been a victim of SV/DV? and 5 rows.

For Office Use Only:

[] VOCA _____ [] FVPSA _____ [] OVW _____

Abuse Information

What is your relationship to the abuser? Dating relationship Current/ former spouse
 Stranger/unknown Other family or household member Acquaintance Other _____

Abuser's Name: _____ Current Location: _____

Does the abuser know where you work? Yes No

Within the last 6 months, I have experienced the following:

verbal abuse psychological abuse sexual abuse physical abuse stalking

Abuse/Incident Date (estimate, if exact date is unknown): _____

Have you reported the assault/abuse to the local Police? Yes No Police Report Info: _____

Is there a protective order currently in place? Yes No

Have you filed or would you like to file a protective order? Yes No If **NO**, why? _____

_____ If **YES**, what is your scheduled court date: _____

Please read or have read to you the following statements. Please acknowledge your understanding of these statements and have the advocate answer any questions you have.

1. I am receiving services from Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program of my own free will.
2. If at any point during my services at the Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program an advocate feels that I am in need of emergency medical attention or emergency mental health attention, I agree to be examined and treated by a physician or mental health professional. I understand that Absentee Shawnee Tribe Domestic Violence/Sexual Assault will not accept responsibility for any expenses incurred.
3. I understand that Absentee Shawnee Tribe Domestic Violence/Sexual Assault advocates are mandatory reporters of child abuse, child neglect, potential suicidal or homicidal tendencies, and any abuse of an elderly or incapacitated adult. These instances over-ride confidentiality.
4. I understand that information related to me, my children and any services received by Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program are protected by State and Federal Laws and are confidential. I understand that at no point shall I release the identity or information of any client or advocate at Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program and if I do so, understand that I may be subject to termination from services and/or legal action.
6. I understand that my services at Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program is determinant upon my ability to follow Absentee Shawnee Tribe rules and the ability to create a non-violent atmosphere free of physical abuse, sexual abuse and verbal abuse. In the event that I violate this statement of understanding, I realize that I will be terminated from services immediately.
8. I understand and agree that I can NOT hold Absentee Shawnee Tribe liable for any injuries sustained by me or my children while receiving services, being transported by Absentee Shawnee Tribe staff or volunteers, or participating in any outdoor or recreational activities. I will NOT hold Absentee Shawnee Tribe liable for any loss of personal property due to theft, disaster, or from a reasonable search and seizure.

With this signature, I am signifying that an advocate has fully explained each document, and answered all of my questions.

Client Signature and/or Authorized Representative Date

AST Advocate Signature Date