



My Brothers' & Sisters' Keeper Domestic Violence Program Intake Form
Please Print



Name: _____ Date of Birth _____ Age: _____

Gender: Female Male Last four of SSN: _____ Contact Number: _____

Number of children living with you: _____ Safe to call contact number: Y or N

Emergency Contact: _____ Phone: _____

Did you witness abuse as a child? Yes No

If yes, type of abuse: Physical Verbal Sexual

Do you have a physical/mental disability? Yes No Explain: _____

<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	Marital Status:	
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Single	<input type="checkbox"/> Separated
<input type="checkbox"/> Native American	<input type="checkbox"/> Other	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married
Tribe: _____		<input type="checkbox"/> Widowed	<input type="checkbox"/> Co-habitant

Assistance Request

I am requesting assistance for the following:

- Clothing Counseling Emergency shelter Employment/career counseling
- Food (non-shelter residents only) Rent Education Protective order
- Relocation Utility (only current balance) Housing applications
- Other _____

Funding is limited ... If we cannot provide these services or other needs, we will refer you to another agency. All bills must be in the client's name.

Perpetrator Information and Description

Perpetrator Name: _____

Gender: Female Male Date of Birth: _____ Age: _____

<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American	Weight: _____	Height: _____
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	Eye Color: _____	Hair Color: _____
<input type="checkbox"/> Native American	<input type="checkbox"/> Other	Hair Length: Scars, tattoos, beard	
Tribe: _____		or other: _____	

Perpetrator's relationship to the victim: _____

Perpetrator's past criminal history: _____



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History of Abuse

Type of Abuse: Physical Emotional/Verbal Sexual

Are you and the perpetrator currently living in the same home? Yes No

Are you and/or your children in a safe place? Yes No

How often does the abuse occur?				
<input type="checkbox"/> Physical	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
<input type="checkbox"/> Emotional/verbal	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other
<input type="checkbox"/> Sexual	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Other

Has the perpetrator **ever** threatened to kill you? Yes No

Has the perpetrator **ever** threatened to kill himself/herself? Yes No

Has the perpetrator **ever** been violent toward anyone else, children, pets or furniture?

Yes No Other? _____

Have you ever received medical treatment resulting from an abusive episode? Yes No

Action taken after an abusive episode: _____

Are you currently residing in a shelter? Yes No Shelter name: _____

Have you ever been in an abusive relationship in the past? Yes No

Have you ever received counseling? Yes No

Who referred you to this program or how did you learn about us? _____

Legal Information

Was law enforcement contacted during the recent abusive incident? Yes No

If yes, please provide the following information:

Name of responding officer: Police Sheriff Tribal

Agency/station: County: _____

Were pictures taken of the abusive incident/scene? Yes No

Was a protective order issued? Yes No

Was the perpetrator arrested? Yes No

Were charges filed? Yes No



Narrative



History of relationship: Example: I have been in a relationship for 6 years, this relationship has been abusive for the last 4. During this time.....

Five horizontal lines for writing the history of the relationship.

Describe your current situation and reason for requesting assistance:

Five horizontal lines for describing the current situation and reason for assistance.

Location/address of recent abusive incident: _____

Date of occurrence of recent abusive incident: _____

Who was present during the recent abusive incident? _____

Please provide name(s) and relationship: _____

One horizontal line for providing name(s) and relationship.

I am a victim of violence requesting assistance for services to alleviate family violence factors. The above information is true to the best of my knowledge. I am aware that federal funds are being used and penalties are subject to be used against me in the event of misrepresentation on my part.

Signature *Date*

Staff Signature *Date*

Office Use Only:

Assistance: **Approved** **Denied** **Reason for denial:** _____

Revised 8/2019