



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



Absentee Shawnee Tribe Domestic Violence Program  
Release of Confidentiality



I permit Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program to release and receive information concerning my case to the following person(s) effective the date listed below. I understand that information can only be made available with in the listed time frame below. **I also understand that I have the right to rescind this permission in writing at any time.**

Name of Client: \_\_\_\_\_

Name Of Agency Receiving Information: \_\_\_\_\_

\_\_\_\_\_

Name and Title of Individual Receiving Information: \_\_\_\_\_

\_\_\_\_\_

Purpose of Release: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

\_\_\_\_\_  
Client Signature and/or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
AST Advocate Signature

\_\_\_\_\_  
Date