

Resident Name: _____

Code: _____

CHILD REGISTRATION (all minor children, in shelter or not)

CHILDREN:

Name	Birth date	Age	Sex	Race	Special Needs?	With Mom in Shelter?	Rel. to Abuser?
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	_____

WC&S INTAKE INFORMATION

Health/Medical Needs

Do you have any neglected illnesses? Yes No What: _____

Do you have injuries that need medical care? Yes No Describe: _____

Do you have any medical condition that Yes No Describe: _____

we need to know about right now?

Are you/have you ever been involved with drugs/alcohol? Yes No _____

If yes, include date of last use. _____

Many women who come to our program have experienced situations putting them at risk for unwanted or unplanned pregnancies. There is a safe medication that you can take called emergency contraception (some call it the morning after pill) up to five days after unprotected sex to prevent pregnancy. To better understand who may need or want this medication we ask each client review and complete the following form.

- Hand resident “Intake Assessment Tool to Promote Health & Wellness”
- Point out safety card (“Did you know your relationship affects your health”) in red intake folder
- Answer questions/provide phone numbers as needed
- Hand resident “Client Feedback” form to fill out either now or at end of intake
- Place completed Intake Assessment Tool and Client Feedback form in Health and Wellness Study folder

Please complete the following question if single (No Children or Spouse):

- 1 Do you have EITHER a physical disability OR mental illness? Yes No
- 2 Have you been living on the street or in an emergency shelter for 1 year or more? Yes No
- 3 Have you ever resided in an emergency shelter Yes No

If yes, How many times in the past 3 years _____

EMERGENCY CONTACT PERSON: To be used only in an emergency.

Resident: _____
Name Relationship Phone

Additional: _____

	Income Sources	Monthly Amount
a.	Alimony/Spousal Support	
b.	Child Support	
c.	Employment Income	
d.	Federal Supplement	
e.	Food Stamps	
f.	General Public Assistance (GPA)	
g.	Medicaid	
h.	Retirement/Pension	
i.	SCHIP	
j.	Social Security	
k.	Social Security Disability Income (SSDI)	
l.	Supplemental Security Income (SSI)	
m.	Temporary Aid to Needy Families (TANF)	
n.	Unemployment Benefits	
o.	Veterans Benefits	
p.	Veterans Healthcare	
q.	Workers Compensation	
r.	Other (please specify)	
s.	No Financial Resources	

CONFIDENTIALITY STATEMENT

It is the policy of the Women's Center and Shelter of Greater Pittsburgh to hold confidential all case management communications, observations, and information made by and between or about clients, adults and children, and staff, volunteers, and board of this organization. Furthermore, the address of the shelter, with exceptions for approved visitors, is to be kept confidential by clients and workers.

When a client has been admitted for services but found not to be a domestic violence victim who needs our domestic violence related services, confidentiality privileges may be waived. Determination of this status will be made by the Shelter Supervisor and at least two other direct service staff. The Associate Director will be informed before any action is taken.

When any employee of Women's Center and Shelter has had face-to-face contact with a child and concludes that a child has been abused, either physically or sexually, a report of suspected child abuse must be made to the local Child Protective Services agency.

If a client informs a worker that she intends to commit a violent crime, the worker will report this information to the Executive Director who may disclose the information to the appropriate legal authority, but only should she not be able to dissuade the client from pursuing the contemplated violent crime. The Executive Director will inform the client that she is taking this action.

By signing below, I acknowledge that I have received and understand the statement from the Women's Center and Shelter confidentiality policy. I understand that, if needed, the full policy is available for my review.

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Women's Center and Shelter of Greater Pittsburgh

Policy Regarding the Use of Alcohol or Other Drugs by Residents and Room Searches

The Women's Center and Shelter of Greater Pittsburgh (WC&S) policy regarding the on-site use, possession, and passing or selling of non-prescribed drugs is that any, or all, is grounds for immediate eviction from WC&S. The on-site use or possession of alcohol is also grounds for immediate termination of shelter services.

Suspected criminal activity, suspected possession of alcohol or drugs, or use of alcohol or drugs while on site, is grounds for staff to conduct room and locker searches. Any criminal activity during a resident's stay at WC&S will also be grounds for termination. My signature below is consent for staff to search my room if there is considerable reason to believe that there are drugs, alcohol, or drug paraphernalia in my room. My signature is also consent for staff to search my room when property has been stolen from another shelter resident or staff member and there is considerable reason to believe it is still in shelter.

If law enforcement should present a search warrant due to drug offenses or criminal activity of a resident, WC&S personnel will fully cooperate with authorities by permitting searches of rooms, purses, lockers, and persons.

WC&S provides support services for residents with alcohol or other drug problems. The support services include Alcohol and Other Drug (AOD) support and educational groups, on-site AOD assessments, 12-Step Program directories, 24-hour support and advocacy, and childcare. If any WC&S client wants additional assistance, advocates will assist in identifying additional resources and make appropriate referrals. These referrals may include residential treatment for substance abuse.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Women's Center and Shelter of Greater Pittsburgh (A Congregate Shelter for Domestic Violence Victims)

SELF-DECLARATION OF HOMELESSNESS

I certify that I meet the definition of “homeless” or “homeless individual” as defined below:

1. An individual who lacks a fixed, regular, and adequate nighttime residence; and
2. An individual who has a primary nighttime residence that is:
 - a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill) or
 - b. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation.

(Exclusion: the term “homeless” or “homeless individual” does not include any individual imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

PROGRAM PARTICIPANT RIGHTS

You have the following rights as a participant in WC&S programs:

1. You may not be denied any of your civil rights solely because of your participation in the program.
2. You have the right to non-discriminatory treatment regardless of your age, sex, religion, ethnicity, color, national origin, marital status, sexual orientation or disabling condition.
3. You have the right to considerate and respectful service.
4. You have the right to expect that, within our capacity, we will make a reasonable response to your requests for service. Nevertheless, if you are not satisfied with your services, you may file a grievance relating to your dissatisfaction. Grievances regarding program services are made in the following manner:
 - a) You will first complete a grievance form which is located in your welcome packet. If you are unable to locate a form in your welcome packet, you may request a form from any of the shelter staff.
 - b) You will then schedule a meeting with the Shelter Supervisor.
5. Any written or oral communication concerning you and/ or your children is considered privileged information and will not be disclosed to anyone without your consent. Written consent is valid only during your stay in shelter. WC&S does not accept third party releases. You will not be asked to sign a blanket release at any time.
6. You have the right to inspect your own records. You may request the correction or removal of inaccurate, irrelevant, outdated or incomplete information from your records. You may also add any rebuttal information to your records at this time. You may also add any rebuttal information to your records at this time. Requests to review your records must be submitted in writing to the Shelter Supervisor. All requests will be honored in three business days. At this time, you will have the opportunity to copy your records.
7. You have the right to appeal any decision made by the program staff that reduces, terminates or denies your access to any of our services. There are three ways that you can make an appeal:
 - a) You may file an appeal to the Shelter Supervisor. If you are not satisfied with the outcome of the meeting, you can meet with the Associate Director followed by a meeting with the Executive Director, if necessary.
 - b) You may file an appeal with the Department of Public Welfare.
 - c) You may file an appeal to Allegheny County.

Shelter staff will be available to help you with your appeal process.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

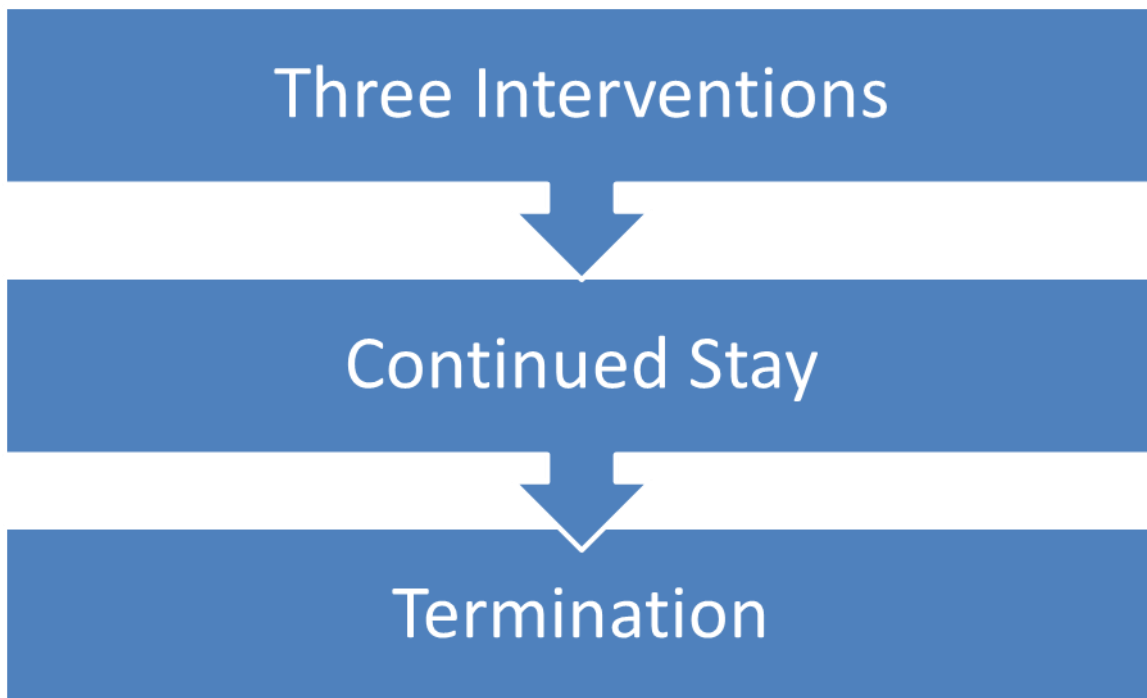


When you choose not to follow guidelines of the shelter; expect that this process will occur:

An **intervention** occurs when a shelter rule/regulation is violated. This can include but it not limited to: curfew violation, community disruption, lack of supervision of children, missing mandatory groups, room check issues, etc.

A **continued stay** occurs after three interventions due to failure to uphold program rules and/or guidelines.

If you violate any rules or regulations of the program while you are on a continued stay, then your services will be **terminated**.



This process does not apply to critical violations that result in immediate termination including abusive behavior/threats, alcohol/paraphernalia/drugs, breaching confidentiality or jeopardizing community safety, weapons, theft, or taking an unauthorized overnight.

I have read and agree to the terms and conditions of the three step process for program rules and guidelines of the shelter.

Resident Signature

Date

Residential Orientation

Within the first few days of residency an explanation of house rules and expectations will be provided.

House Rules:

- | | |
|--|--|
| <input type="checkbox"/> Abusive behavior | <input type="checkbox"/> Authorized Overnights |
| <input type="checkbox"/> Drugs & Alcohol | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Med. Storage | <input type="checkbox"/> Curfew |
| <input type="checkbox"/> Unauthorized Overnights | <input type="checkbox"/> 5-Day Evaluation |
| <input type="checkbox"/> Weapons | <input type="checkbox"/> Program Participation |
| <input type="checkbox"/> Shelter Rule Guidelines | <input type="checkbox"/> Theft |

Shelter Orientation

- | | |
|--|--|
| <input type="checkbox"/> Children's Bedtime | <input type="checkbox"/> Wake-up Call |
| <input type="checkbox"/> Chores and Shelter Points | <input type="checkbox"/> Children's Program |
| <input type="checkbox"/> Food | <input type="checkbox"/> Code and Phone |
| <input type="checkbox"/> Kitchen and Dining Room | <input type="checkbox"/> Exit Procedure/Storing Belongings |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Groups |
| <input type="checkbox"/> Locks | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Mail | <input type="checkbox"/> Service Plans |
| <input type="checkbox"/> Room Checks | <input type="checkbox"/> Signing In and Out |

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____

NOTIFICATION REGARDING SECURITY CAMERAS

For safety purposes and for the protection of residents and staff of Women's Center & Shelter, security cameras have been added throughout the premises.

By signing below, I acknowledge that I have received and understand the Notification Regarding Security Cameras form.

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____

ACKNOWLEDGEMENT OF RECEIPT OF INFORMATION

By signing below I acknowledge that I have received, understand, and agree to the following:

_____ WC&S Confidentiality Statement

_____ WC&S House Rules

_____ WC&S Orientation and Expectations Packet

_____ WC&S Program Participant Rights

_____ WC&S Child Abuse Reporting

_____ Notification Regarding Security Cameras

_____ I agree to not hold WC&S responsible for lost or stolen articles.

_____ I agree to care for and return any borrowed WC&S property.

_____ I will turn in proof of all income as soon as I am safely able to gather it. I understand income is not a requirement for receiving services at WC&S.

_____ I authorize WC&S to contact my emergency contact person(s) if any emergency occurs and I cannot be reached.

_____ I release WC&S shelter from any legal responsibility while caring for my children.

_____ I release WC&S staff, in the event of an accident, illness, or injury to my children, to obtain any necessary medical or emergency treatment for my children in my absence.

_____ I authorize WC&S staff to contact my children's emergency contact person(s) if I am not in shelter and an emergency related to my children occurs.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Women's Center & Shelter Permission to Store Medications

WC&S does not administer, prescribe, or dispense medication.

Upon intake, Shelter residents' prescription drugs and over-the-counter medications will be requested, noted, and locked in a secure location by staff. Upon requests made to the Shelter worker, adult residents shall have access to their and their children's medications and shall have the responsibility to administer them themselves.

WC&S does not assume liability for the use, abuse, or misuse of residents' prescribed or non-prescription drugs, nor their disposal if left behind after residents' exit from Shelter.

In addition, residents are to understand that the buying, selling, or passing of prescription or non-prescription medicine will be viewed with the same severity as buying, selling, or passing illegal drugs. The buying, selling, or passing of prescription medications will be cause for termination of Shelter services.

I realize that I may have my medications upon request and that I am responsible for taking the correct dosage. I understand that after leaving WC&S, I have one week to pick up medication that was left behind. After one week all medication left behind will be disposed of by WC&S.

Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Women's Center and Shelter of Greater Pittsburgh

Acknowledgment of Receipt of Bus Tickets

Women's Center and Shelter (WC&S) is able to offer a limited amount of public transportation assistance for residents so that they can meet their goals for safety, housing, and independence. When she first enters shelter, each resident will receive 2 single-zone bus tickets and 2 transfers which can be used for obtaining income, appointments for housing, or other needs.

My signature acknowledges that I have received bus tickets from WC&S. I understand that once I have received them, WC&S will not replace them if they are lost, stolen, sold, or given away. I understand these are the only bus tickets that I will receive during my shelter stay.

Resident Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Score: _____

Client Name: _____

Date: _____

Staff: _____

YES	NO	QUESTION
		1. Has the physical violence increased in severity or frequency over the past year?
		2. Does your partner own a gun?
		3 a. Have you left your partner during the past year after having lived together?
		3 b. If you have never lived with your partner please check “yes”
		4. Is your partner unemployed?
		5 a. Has your partner ever used a weapon against you or threatened you with a lethal weapon?
		b. If yes, was the weapon a gun?
		6. Does your partner threaten to kill you?
		7. Has your partner avoided being arrested for domestic violence?
		8. Do you have a child that is not your partner’s child?
		9. Has your partner ever forced you to have sex when you did not wish to do so?
		10. Does your partner ever try to choke you?
		11. Does your partner use illegal drugs (uppers or amphetamines, speed, angel dust, cocaine, crack, or other street drugs)?
		12. Is your partner an alcoholic or problem drinker?
		13 a. Does your partner control all or most of your daily activities (such as who your friends are, when you can see your family, how much money you can use, or when you take the car)?
		13 b. If your partner tries to control you but you do not let him/her do so, please check “yes”
		14. Is your partner violently and constantly jealous of you (saying things such as “if I can’t have you, no one can”)?
		15 a. Have you been beaten by your partner when you were pregnant?
		b. If you have never had a child together, please check “yes”
		16. Have you ever threatened or tried to commit suicide?
		17. Has your partner ever threatened or tried to commit suicide?
		18. Does your partner threaten to harm your children?
		19. Do you believe that your partner is capable of killing you?
		20. Does your partner follow or spy on you, leave threatening notes or messages for you, destroy your property, or call when you do not want to be called?

Pre-Test

DV & SELF QUIZ

MARK T FOR TRUE AND F FOR FALSE

Code _____

Date _____

	Answer T/F
1. DV is a pattern of emotional, sexual and/or physical abuse that is executed with the goal of controlling another person over a period of time.	
2. Most people recover from the trauma of abuse quickly and easily.	
3. If you leave your children with the abuser, the police will remove them from him regardless of whether you have a court order or a PFA.	
4. Setting boundaries is a good way to control someone else's behavior.	
5. Creating good relationships is a skill to learn, just like playing a sport.	
6. The cycle of abuse has three stages, "committing an act of violence or aggression," the "honeymoon state (I'm sorry)," & the "tension building (a period of calm that comes before the next act of violence)."	
7. Some potential red flags for an abuser include someone who: 1. Doesn't have any (or many) friends other than you. 2. Blames you or other people for the problems he's had in life 3. Wants to take the relationship really fast.	
8. Women usually stay in abusive relationships because they enjoy the abuse.	
9. An abuser who threatens to commit suicide is <i>less</i> likely to kill their partner.	
10. Good, nice people don't get angry.	

LINEN ASSIGNMENT

Resident Code: _____

Room Number: _____

Date In: _____ Date out: _____

Staff Initials: _____ Staff Initials: _____

Welcome to the Women's Center and Shelter of Greater Pittsburgh. Because supplies are limited and we serve a large number of women and children, we are not always able to meet all of your needs. Nevertheless, we will attempt to provide you with the necessary resources during your stay.

Please note that we will only be able to assign you one set of linens so you will need to wash them as needed. If an emergency need occurs and you need additional items, we will do our best to accommodate that.

On the day that you leave shelter, you should return your linens to shelter office. Shelter staff will sign off on this form and give it back to you so that you can retrieve your previously shopped for items in shelter store.

LINENS ISSUED: Items in bold are standard issue, one per resident.

ITEM	GIVEN AT INTAKE #	EXTRA'S GIVEN	RETURNED
Large Towel			
Medium Towel			
Washcloth			
Fitted Sheet			
Flat Sheet			
Comforter			
Blanket			
Pillow			
Pillow Case			
Crib Sheet			
Mattress Cover			
Other			