

**24 Hour Intake Interview**

**The Haven Shelter and Services, Inc.**

Date: Time: Staff/Interviewer:

Participant Code:

Gender: Race: Age:

Locality:

Disability Yes No If yes, is it a result of domestic or sexual violence? Yes No

Are you an Immigrant/refugee/asylum seeker? Yes No LEP

Are any household member a dependent of, active or retired military? Yes No

Have you used The Haven Services before? Yes No

Are you eligible for TANF benefits? Yes No Don't Know

Are there concerns for your children who have been exposed to violence? Yes No

Are you currently enrolled in college? Yes No

How did you hear about The Haven?

Reason Shelter Requested DV SV FV Homeless Other

**Presenting Incident of Violence**

Was there a recent incident of violence that brought you to shelter? Yes No

Where did the presenting violence take place? Home Other household School  
Campus Workplace Other

Was the presenting incident reported to law enforcement? Yes No

Have charges been filed against perpetrator? Yes No If yes, Misdemeanor Felony  
Both

Do you have concerns about custody of your children or child support? Yes No

If you do not have a protective order, are you interested in more information on how to obtain one?  
Yes No

## Impact of Presenting Experience

What are your primary concerns right now that are a result of your most recent experience? Check all that apply.

- Ability to meet financial needs
- Access to affordable and safe housing
- Awareness and access to community resources (how to get more help)
- Family stability
- Impact of the violence on my children
- Impact of the violence on a non-offending partner
- Impact of the violence on a non-offending parent/guardian
- My mental/emotional health and well being
- Immigration Issues
- Legal Issues
- Physical well- Being (Physical health needs)
- Safety (fear of the abuser, feeling unsafe)
- Sexual and Reproductive health and well- being
- Spiritual well-being
- Support Systems/relationships (trust, relationships within communities, family and friends)
- Other

Of the concerns you have identified above, what are your three most immediate concerns?

What have you done to help keep yourself safe in the past, in response to the violence, that has been helpful?

What have you done in the past that has not been helpful?

*Asking any questions about history of violence experienced should be prefaced with an explanation and a request to continue. “ I would like to ask you a couple of questions about your history with violence and whether you have had past experiences with violence, is it alright for me to proceed or would you rather not. It is up to you.” Allow the person a few moments to think about what they would like to do.*

### **History of Violence Experienced**

Have you experienced sexual or domestic violence in any other relationship as an adult? Yes No

More info:

Have you experienced sexual or domestic violence as a child? Yes No

More info:

Is there anything you would like to share about any experience of violence you have experienced in the past?

*I would like to move on to talk about what brought you to us. The next set of questions is about your most recent experiences with violence. Please take your time and feel free to stop if you need to take a break.*

### **Risk Assessment and Safety Planning**

If perpetrator is a former partner/spouse, is the separation recent? Yes No

*Has the perpetrator ever:*

Stalked you or another family member? Yes No

Used a weapon, or an object as a weapon against you or another? Yes No

Threatened to or used a firearm against you or another? Yes No

Made threats of suicide or homicide? Yes No

Blocked or obstructed your breathing? Yes No

Hurt or threatened to hurt your children? Yes No

Hurt or threatened to harm a pet or other animal you or your children care for? Yes No

Destroyed or threatened to destroy your property? Yes No

Destroyed or tampered with (messed with) your birth control, refused to use birth control or prevented you from using birth control? Yes No

Forced you to become pregnant when you didn't want to or to terminate a pregnancy that you didn't want to? Yes No

If you are dependant on the perpetrator, has the perpetrator kept you from getting help with a personal need, such as eating, bathing, toileting, or access to medications? Yes No

Are you currently pregnant or concerned about being pregnant? Yes No

As a result of the violence, have you or your children:

Sustained physical injuries requiring emergency medical attention? Yes No

Missed time from school, work or missed scheduled appointments? Yes No

Experienced a loss of income and or financial security? Yes No

Become homeless? Yes No

Had to relocate? Yes No

Considered suicide? Yes No

Become pregnant when you did not want to be or worried about being pregnant? Yes No

### Medical and Health Information

Do you or your children have any health concerns or medical issues that we should know about? Yes No

If yes, explain.

Are you or your children on any medication that the staff should be aware of? Yes No

Do you or your children have any concerns about any health or medical related issues that you would like to address? Yes No

If yes, explain.

Do you have health insurance? Yes No

Do your children have health insurance? Yes No

Would you feel comfortable providing your health insurance information to the staff? Yes No

*(If yes, copy health insurance card/information and attach)*

If you do not have health insurance, would you like help with trying to get it? Yes No

Do you have a Primary Care Dr.? Yes No Name:

Would you be interested in speaking with a healthcare professional while you are at the Shelter?

Yes No Maybe

## Housing and Employment

*The following questions are for individuals who express a need in obtaining housing or employment.*

Are you currently employed? Yes No

If not, when and where were you last employed?

What is the source of your income? Salary Benefits Child Support  
Disability/SSI Other

What is your current income per month?

Do you have a prior felony conviction? Yes No

Have you ever been evicted from housing? Yes No

Do you know your credit score? Yes No if so, what is it?

Would you like help in finding out your credit score? Yes No

Do you have a car or access to transportation? Yes No

## Education

Did you complete high school or do you have a GED? Yes No if no, what grade did you complete?

Are you interested in pursuing a GED at this time? Yes No

Did you complete college? Yes No if yes, what was your degree in?

Are you a registered voter?    Yes    No

Would you like to become a registered voter?    Yes    No

Is there anything else you would like to tell us about your situation or what you might need from the staff?