F.A.I.T.H. Connection Center Inc- Family Violence Intake and Assessment Form (Confidential)

Your responses are confidential and will be used to better understand your needs and provide the appropriate services and support.

Date: *

Month Day Year

Personal Information

Name: *

First Name Last Name

Are you aged over 60 years old? *

- Yes
- No

Last four of SSN: *

Date of Birth: *

Month Day Year

Race: *

- African American/Black/Indigenous
- American Indian or Alaska Native
- Caucasian/White
- Native Hawaiian or Other Pacific Islander

- ○ Asian
- ○ Other
- ○ Two or More Races

Ethnicity: *

- ○ Hispanic or Latino or Spanish origin
- ○ Not Hispanic or Latino or Spanish origin

Marital Status: *

- ○ Single
- ○ Windowed
- ○ Married
- ○ Divorced
- ○ Separated
- ○ Co-habitant

What is your gender? *

- ○ Female
- ○ Male
- ○ Prefer not to say

Phone Number: *

Please enter a valid phone number.

Email: *

example@example.com

Number of children living with you? *

Did you witness abuse as a child? *

- ○ Yes
- ○ No

If yes, type of abuse:

- ☐ Physical
- ☐ Verbal
- ☐ Sexual
- ☐ Mental/Emotional
- ☐ Financial
- ☐ Spiritual

What is your highest level of education? *

- ○ Less than High School
- ○ High School
- ○ Associate Degree
- ○ Bachelor Degree
- ○ Graduate Degree

Are you currently employed or seeking employment? *

- ○ Employed Full-Time
- ○ Employed Part-Time
- ○ Unemployed
- ○ Retired
- ○ Seeking Employment
- ○ Not Seeking Employment

Are you veteran? *

- ○ Yes
- ○ No

Are you disabled (physical or mental)? *

- ○ Yes
- ○ No

Are you an adult whom has been aged out foster care or a group home? *

- ○ Yes
- ○ No

Would you like to receive text messages or emails from the F.A.I.T.H. Connection Center Inc? *

- ○ Yes, I would like to receive text messages.
- ○ Yes, I would like to receive emails.
- ○ No, I do not wish to receive text messages or emails.

What type of resources, support or services are you seeking from F.A.I.T.H. Connection Center Inc? (Check all that apply) *

- ☐ Safety Planning
- ☐ Emergency Shelter
- ☐ Legal Assistance (Protective Order)
- ☐ Counseling or Therapy
- ☐ Support Groups
- ☐ Education
- ☐ Spiritual Support
- ☐ Housing Support (rent, utility or relocation)
- ☐ Social Services
- ☐ Childcare Assistance
- ☐ Financial Assistance
- ☐ Life Coaching
- ☐ Job Training or Employment Assistance
- ☐ Self-Development Courses

- [ ] Health and Wellness Support
- [ ] Anger Management
- [ ] Other: (Describe Below)
- [ ] Basic Resources (food, clothing, etc.)
- [ ] Abuser Resources

For Other selection, describe here:

Funding is limited... if we cannot provide these services or other need we will refer you to another agency to address those areas of need. All bills must be in the client name.

Abuser Information and Description

Current & Past Situation(s)

Age or Age Range:

Race: *

- ○ African American/Black/Indigenous
- ○ Caucasian/White
- ○ American Indian or Alaska Native
- ○ Native Hawaiian or Other Pacific Islander
- ○ Asian
- ○ Two or More Races
- ○ Other

Ethnicity: *

- ○ Hispanic or Latino or Spanish origin
- ○ Not Hispanic or Latino or Spanish origin

Are you currently experiencing domestic violence? *

- ○ Yes
- ○ No

Abuser's past criminal history:

Did you know that women and children are not the only victims of domestic violence. Men can also be victims of domestic violence? *

- ◯ Yes
- ◯ No

What type of domestic violence have you experienced? (Check the most recent) *

- ◯ I have not been the victim of domestic violence
- ◯ Pushing or shoving (with injury)
- ◯ Kicking
- ◯ Using a source of an object to hit you
- ◯ Been burnt
- ◯ Pushing or shoving (causing no injury)
- ◯ Hitting, slapping punching causing injury
- ◯ Pulling hair
- ◯ Attempt of strangulation
- ◯ Other

Which of type of domestic violence are you experiencing now? (Main Primary) *

- ◯ Sexual Abuse: This includes any form of sexual violence, coercion, or unwanted sexual acts.
- ◯ Spiritual Abuse: involves the manipulation or control of someone through the misuse of religious or spiritual beliefs and practices.
- ◯ Neglect: Withholding food, medical care, or shelter as a means of control or manipulation.
- ◯ Reproductive Coercion: This involves sabotaging birth control, forcing pregnancy, or pressuring the victim to have or not have children against their will.
- ◯ Physical Abuse: This includes hitting, slapping, punching, kicking, or any other physical violence.
- ◯ Stalking: Repeatedly following or watching someone in a way that causes them fear or distress.
- ◯ Isolation: Attempting to isolate the victim from friends, family, or any support systems, making them more dependent on the abuser.
- ◯ Verbal Abuse: Name-calling, yelling, insulting, and using words to belittle or control the victim.
- ◯ Emotional/psychological Abuse: This involves manipulation, threats, humiliation, or constant criticism aimed at undermining the victim's self-esteem and mental health.
- ◯ Financial/Economic Abuse: This form of abuse occurs when an abuser controls the victim's access to money or financial resources, limiting their independence. Examples include withholding money, limiting employment opportunities, or controlling how money is spent.
- ◯ Digital Abuse: Involves the use of technology to harass, stalk, or control a partner. It may include monitoring texts, social media accounts, emails, or using GPS tracking without consent, or sending threatening or manipulative messages online.
- ◯ Don't wish to discuss

What is the relationship between the abuser and the victim? *

- ◯ Boyfriend / Girlfriend
- ◯ Husband / Wife
- ◯ Living with them
- ◯ Family member
- ◯ Other

Gender: *

- ○ Male
- ○ Female

If you are the victim, do you know where to go? *

- ○ Friend's
- ○ Organizations
- ○ Social services
- ○ With a trusted Family member
- ○ Women's Refugee
- ○ Police
- ○ Church Leader
- ○ Other

Other:

Do you need help accessing any of the following basic resources? (Check all that apply)

- ☐ Food
- ☐ Hygiene Products
- ☐ Transportation
- ☐ Clothing
- ☐ Housing/Shelter
- ☐ Medical/Health Services
- ☐ Mental Health Support
- ☐ Substance Use Support
- ☐ Financial Assistance
- ☐ Legal Assistance
- ☐ Income/Benefits Assistance
- ☐ Spiritual Support
- ☐ Other: (Explain Below)

Other:

Assistance Request

If no, do you need immediate assistance with safety planning? *

- ○ Yes
- ○ No

Are you experiencing any immediate threats to your safety? *

- ○ Yes
- ○ No

Do you feel that your current environment is emotionally and physically safe? *

- ○ Yes
- ○ No
- ○ Not sure

Do you have reliable transportation? *

- ○ Yes, my car
- ○ Yes, bus or public access
- ○ No
- ○ Yes, family or friend

Are you experiencing any physical, medical, health-related needs or mental health challenges that we should be aware of? *

- ○ Yes
- ○ No
- ○ If yes, please describe below:

Provide brief statement:

Are you interested in spiritual support, prayer, or faith-based counseling? *

- ○ Yes
- ○ No
- ○ Not sure

What are your main goals or areas you would like to improve upon?

Provide brief statement:

Safety and Emotional Support

Are you currently in a safe environment? *

- ○ Yes
- ○ No
- ○ Not sure

Have you been involved in any previous domestic violence shelter, support programs or services services? *

- ○ Yes
- ○ No

Life Coaching & Personal Development

Would you be interested in learning more about or joining any of the following organizations for additional support and services? (Check all that apply)

Alisha Jackson Academy – Offers courses and coaching to empower personal growth and transformation. *

- ○ Yes, I would like more information on joining Alisha Jackson Academy.
- ○ No, I am not interested at this time.

Divine Warrior Life Coaching – Provides life coaching and guidance to help you overcome challenges and achieve your goals. *

- ○ Yes, I would like more information on joining Divine Warrior Life Coaching.
- ○ No, I am not interested at this time.

What areas of personal growth or healing would you like to focus on? (Check all that apply)

- ☐ Time Management
- ☐ Goal Setting
- ☐ Personal Growth
- ☐ Spiritual Development
- ☐ Healing from Trauma
- ☐ Building Self-Esteem
- ☐ Stress Management
- ☐ Confidence Building
- ☐ Emotional Regulation
- ☐ Other (Explain below)

Alisha Jackson Ministries – Offers spiritual support, prayer, and healing through ministry services. *

- ○ Yes, I would like more information on joining Alisha Jackson Ministries.
- ○ No, I am not interested at this time.

A Better Life Publishing Company – Helps individuals share their stories and experiences through

books and publications. *

- ○ Yes, I would like more information on joining A Better Life Publishing Company.
- ○ No, I am not interested at this time.

Are you interested in life coaching or self-development courses? *

- ○ Yes
- ○ No

Would you like to receive texts? *

- ○ Yes
- ○ No

Other:

Would you like to receive follow-up information via email or phone about the services provided by any of the above organizations? *

- ○ Yes, I would like to receive follow-up information.
- ○ No, I prefer not to receive follow-up information.

Preferred Method of Contact: *

- ○ Email
- ○ Phone
- ○ Either is fine

Feedback & Improvement

Are there any improvements you'd like to see in the service?

How easy was it to find the information you were looking for? *

- ○ Very Easy
- ○ Easy
- ○ Neutral
- ○ Difficult

- ○ Very Difficult

How would you rate the support you received from F.A.I.T.H. Connection Center Inc? *

- ○ Excellent
- ○ Good
- ○ Neutral
- ○ Poor
- ○ Very Poor
- ○ Other
- ○ Not applicable

Do you feel that the team treated you with respect, kindness, and empathy? *

- ○ Yes
- ○ No
- ○ Not sure

Would you recommend F.A.I.T.H. Connection Center Inc. to someone else in need of domestic violence services? *

- ○ Yes
- ○ No
- ○ Not sure

Additional Information

Is there any other information that would be helpful for us to know in order to best support you?

By signing below, I acknowledge that the information provided is accurate to the best of my knowledge. I understand that the purpose of this form is to help connect me with the services and resources that best meet my needs.

Consent and Acknowledgement

F.A.I.T.H. Connection Center Inc. utilizes a variety of funding sources, including private donations and federal grants, to assist clients in need. To ensure that all applicants have an equal opportunity to receive funding, it is important that they answer all questions truthfully and meet program requirements. Providing false information in an attempt to obtain funding is strictly discouraged and may lead to penalties if any misrepresentation is discovered. The funds are allocated to support those who need them most, and it is essential that they are used appropriately. As a victim of violence, I am requesting assistance to help address the challenges of family violence. I affirm that the information I have provided is accurate to the best of my knowledge. I understand that federal funds may be used, and I acknowledge that penalties could apply if any misrepresentation is found.

Thank You for Applying to F.A.I.T.H. Connection Center Inc.

"For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you a hope and a future." – Jeremiah 29:11

We are grateful for your trust in us and for taking the first step toward healing and support. Your application has been received, and we are honored to be a part of your journey. Our team is committed to offering care, resources, and a safe space for you and your family.
As you continue seeking support, we encourage you to connect with other agencies and resources in your community. Each organization offers unique services, and by reaching out to multiple centers, you can better meet your needs and ensure a more comprehensive support system.
Your feedback is important to us and plays a crucial role in helping us improve the services we provide.
If you need immediate assistance, please call 911. We will reach out to you as soon as we are available.
For enrolled clients, you can email at Admin@FaithConnectionCenter.org.
May you find peace and strength as you continue your path toward recovery. We look forward to walking alongside you every step of the way. Thank you again for reaching out to F.A.I.T.H. Connection Center Inc.

Restoring Hope| Rebuilding Lives| Renewing Faith © ™

Office Use Only:

	Approved	Denied
Assistance	○	○

Reason for denial:

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Referral or Resource Provided:

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