Pass the Beauty Inc. Intake Form: Support for Survivors of Domestic Violence

Purpose: This confidential form helps us understand your current needs and connect you with supportive services, including housing resources, beauty and wellness support groups, and other healing opportunities.

■ *Basic Information*

Full Name: _____
Preferred Name (if different): _____
Date of Birth: _____
Phone Number: _____
Email Address: _____
Preferred Method of Contact: ■ Phone ■ Email ■ Text

■ *Current Living Situation*

■ I am currently unhoused
■ I am staying in a shelter
■ I am temporarily staying with friends/family
■ I have stable housing but need support
■ Other (please describe): _____

■ *Safety & Support Needs*

Are you currently in a safe location? ■ Yes ■ No
Do you need immediate assistance with housing or shelter? ■ Yes ■ No
Are you working with any other support organizations? ■ Yes ■ No
If yes, please list: _____

■ *Beauty & Wellness Support*

Are you interested in joining a support group? ■ Yes ■ No
What areas are you most interested in? (Check all that apply)
■ Self-care & beauty rituals
■ Mental health & emotional wellness
■ Creative expression (art, journaling, movement)
■ Faith-based healing
■ Nutrition & holistic health
■ Peer support & community connection

■ *Additional Resources You May Need*

■ Emergency shelter or transitional housing
■ Food assistance
■ Clothing or hygiene supplies
■ Counseling or therapy referrals

■ Legal advocacy or protection orders
■ Transportation support
■ Employment or education resources
■ Childcare or parenting support
■ Other: _____

■■ *Anything You'd Like Us to Know?*

_____
_____
_____

■ *Confidentiality & Consent*

Your information will be kept private and used only to connect you with services and support. By submitting this form, you consent to being contacted by Pass the Beauty Inc. and our trusted partners.
■ I consent to receive support and follow-up communication from Pass the Beauty Inc.
Signature: _____
Date: _____