

Selah Place of Oregon County, Inc.



ADVOCACY FORM

This form is shredded after you leave services.

ID Number (assigned by agency) _____

Date: _____

Survivor's name: _____

Current Needs: (What is most important to you right now? What are you worried about? Are you having any thoughts or feelings that are concerning you?)

Medical Needs: (Many people share that they have had difficulty obtaining prescription medication(s) or receiving proper medical attention.) Do you or your children have any medications you need help getting? Yes No

Self: _____

Children: Name: _____

Name: _____

Name: _____

Do you have any allergies, physical or mental health concerns about yourself or your children that you would like to talk about?

Yes No

Self: _____

Children: Name: _____

Name: _____

Name: _____

Sometimes people have difficulty accessing birth control options, including emergency contraceptives. Would you like more information about options that are available to you? Yes No

Using drugs/alcohol to cope with the violence you have been through is very common. Some people find that support and resources around substance use are beneficial. Would you like more information about resources that may be available to you? Yes No

Would you like information about health insurance options that may be available to you? Yes No

Financial Needs: Do you have any financial needs you would like us to be aware of or need assistance with? Yes No

Do you want or need assistance in finding a job or going to school? Yes No

Other Needs: Do you need assistance with replacing important documents? (Social Security cards, birth certificates, immigration paperwork, etc.) Yes No

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Housing Assistance

Would you like to learn more about housing options that might be available to you in our area? Yes No

Many people have difficulty obtaining housing because of back rent or utilities. Is this something that you would like help with?

Yes No

Legal Services:

Do you have any legal needs that you would like help with or want us to be aware of? Yes No

Would you like information about how to file for an Order of Protection? Yes No

Would you like someone to assist you with filing a police report? Yes No

Would you like help with locating an attorney? Yes No

Are there any custody/visitation issues you would like someone to help you with? Yes No

Would you like us to go with you to any upcoming court dates or hearings? Yes No

Do you have any immigration or citizenship legal needs that you would like help with? Yes No

(We are required to keep your information confidential unless you give us permission to share it. We cannot report you to immigration. I ask about your status because other agencies you might be connected to won't have the same requirements and it could cause you problems or result in you being deported. We want to be careful about who we suggest might help you.)

Transportation Services:

Do you have a way to travel places safely? Yes No

Do you need help getting to appointments? Yes No

Do you need help with transportation? Yes No

Do you need assistance getting your child/children to and from school or daycare? Yes No

If yes, what school or daycare to they attend? _____

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Support Groups/Counseling Services:

(Providing information about all services and groups offered.)

Some people find group settings helpful in providing support and tools to aid in healing. Would you be interested in more information about groups available to you and your child/children? Yes No

If yes, are there any specific topics that you are interested in?

Individual counseling services are also available to you and your children. Would you be interested in learning more about counseling services for you or your child/children? Yes No

(If yes, explain how they can meet with a counselor.)

Pets: *(This might already have been addressed if the person is staying in the shelter.)*

Do you have any pets with you, or that you had to leave, that you are needing assistance with? Yes No

Community Resources: *(Explain what individual community resources and agencies do. Periodically check with each agency to find out what is being offered and what requirements they have. It is important to inform someone about the requirements of another agency.)*

We partner with many different agencies in the community that provide a variety of services and resources. Would you like to discuss community resources available to you? Yes No

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|---|---|
| <input type="checkbox"/> Community Action Groups | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Immigration Assistance | <input type="checkbox"/> Education |
| <input type="checkbox"/> Child Care / Child-Specific Services | <input type="checkbox"/> Address Confidentiality |
| <input type="checkbox"/> Food/Clothing | <input type="checkbox"/> Victim Notification System |
| <input type="checkbox"/> Employment Services | <input type="checkbox"/> Health or Dental Services |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Crime Victim Compensation |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Other: _____ |

How can we support you?

Is there anything else you want me to know about you or your children?

Is there anything else you would like to share that would help us to support you in meeting your goals?