



## Hotline Call Report

**Get as much information as you can before calling a director!**

Are you in a safe place right now?  Yes  No

If no, do you have a safe place you can get to?  Yes  No

**Victim's Name:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Caller's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Child's age: \_\_\_\_\_ Gender: \_\_\_\_\_ Child's age: \_\_\_\_\_ Gender: \_\_\_\_\_

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**Do you have personal transportation to get to shelter?**  Yes  No

If not, do you know someone that could bring you into shelter?  Yes  No

If not, can you get to a neutral location such as a convenience store, police station, etc?  Yes  No

If yes, Where \_\_\_\_\_ When \_\_\_\_\_

Have you been in shelter before?  Yes  No

If so, Where \_\_\_\_\_ When \_\_\_\_\_

Do you have any upcoming appointments?  Doctor  Court  Probation  Other \_\_\_\_\_

Are you able to climb stairs?  Yes  No

**Is the caller domestic violence or homeless?** \_\_\_\_\_

*Callers who report being homeless due to domestic violence are only eligible for shelter if the last incident of violence was within the past 3 months.*

When was the last incident of abuse/violence? \_\_\_\_\_

Perpetrator's name \_\_\_\_\_

<input type="checkbox"/> Boyfriend	<input type="checkbox"/> Girlfriend	<input type="checkbox"/> Husband	<input type="checkbox"/> Father
<input type="checkbox"/> Mother	<input type="checkbox"/> Roommate	<input type="checkbox"/> Child	<input type="checkbox"/> Other _____

Type(s) of abuse

<input type="checkbox"/> Physical	<input type="checkbox"/> Sexual	<input type="checkbox"/> Psychological/Emotional	<input type="checkbox"/> Financial
<input type="checkbox"/> Gaslighting	<input type="checkbox"/> Spiritual	<input type="checkbox"/> Identity	<input type="checkbox"/> Cultural
<input type="checkbox"/> Stalking	<input type="checkbox"/> Cyber Stalking	<input type="checkbox"/> Crazy Making	<input type="checkbox"/> Other _____

