



RESIDENTIAL INTAKE FORM

*All information is confidential (Explain the limits to confidentiality).
This form is kept in your file after you leave.*

ID number: (assigned by agency) _____

Name: _____

Date of Birth: _____ Age: _____

Gender: _____

Personal Pronouns: _____

Immediate needs: (Are there immediate concerns that I can help you with? Are there any accommodations or assistance you need and would like to share with me?)

Do you have any needs that you would like to share that will make it easier for you to feel comfortable and confident in understanding the information we provide you? (Do you need an interpreter, large print copies of things in writing, assistance with completing written documents, someone reading printed material to you, or do you need me to face you when speaking so you can see my lips, etc.)
 Yes No

If yes: _____

Interpreting Needs: _____

Primary reason for seeking assistance (What has brought you here today?):

- Domestic Violence
- Sexual Assault
- Stalking
- Teen Dating Violence
- Human Trafficking
- Other: _____

Safety Planning (Do you have any concerns about your safety that you would like me to help you with?)

Periodically we have maintenance providers — plumbers, copy machine repair, electricians, etc. — who come to our shelter. Please let us know if you have any concerns with allowing these service providers to come into our shelter or if the person who abused you works in these types of jobs. Yes No

Other victimizations if disclosed (Are there any other experiences you might have had in the past, or recently, that you would like to talk about with me or another staff person?):

- Domestic Violence Sexual Assault Stalking Teen Dating Violence
- Child Abuse Elder Abuse Human Trafficking (Labor/Sex) Adult Sexually Abused as Child
- Violation of an Order of Protection Family/Friend of Homicide Victim Other: _____

Selah Place of Oregon County, Inc.

Abusive Person's Information (Can you share some information with me about the person who is harming you?)

Name: _____

Relationship: (Can you share how you know them?)

- Current/former spouse Current/former dating partner Other family or household member
 Acquaintance Trafficker Stranger Unknown

Children (If services related to children are not requested, this section can be skipped.)

Name	Personal pronouns	DOB/Age	Ethnicity	Abuser's relationship to child

Dietary needs (Do you or your children have any dietary/food needs that you would like us to be aware of?)

Environmental Needs (Are there cleaners or soaps you or your children are allergic to?) _____

Are any of you allergic to latex? Yes No

Internal Use Only

Program enrollment type: _____

Name(s) of advocate(s) working with survivor: _____

Room number: _____ Date of Entry: _____ Date of Exit: _____