ADULT CLIENT INTAKE/ELIGIBILITY DETERMINATION FORM

Residential Programs

7/2020

Client ID_____ Household ID Number: _____
First Contact Date_____ Case Close Date: _____

All questions should be completed within _____ of intake.

A. CLIENT DEMOGRAPHICS

1. Name: _____ Date of Birth: _____ 1. Phone intake 2. In-person intake

2. Gender Identity: ❑ Female ❑ Male ❑ Other: _____ ❑ Not Reported (Client declined)

❑ Transgender female (male to female): *Someone whose sex is or was male but identifies as female*

❑ Transgender male (female to male): *Someone whose sex is or was female but identifies as male*

❑ Genderqueer/Gender non-conforming: *Someone who does not identify exclusively as male or female, somewhere in between or neither gender identity*

3. Age at First Contact: _____

4. Race/Ethnicity:

Client should self-identify.

Check as many as apply.

❑ American Indian or Alaska Native ❑ Asian ❑ South Asian (NEW in FY21 – Subgroup of Asian) ❑ Black/African American

❑ Hispanic/Latinx ❑ Native Hawaiian/ Other Pacific Islander ❑ White ❑ MENA (Middle Eastern North African) – Note federal agencies consider this a subgroup of White.

❑ Other _____

5. Sexual Orientation: ❑ Heterosexual/Straight ❑ Homosexual/Gay/Lesbian ❑ Bisexual

❑ Queer: *Refers broadly to lesbians, gay, bisexual people and others who may NOT identify with the terms above but DO identify with this term.*

❑ Other: _____ ❑ Not Reported: *Client declined or not collected)*

❑ Unknown: *Note: If client uses the term "Questioning" to describe their sexual orientation, please use the "Other" category above and write in this term.*

6. Veteran's Status: ❑ No ❑ Yes ❑ Unknown ❑ Not Reported (Client declined OR not collected)

7. Employment: ❑ Full Time ❑ Not Employed ❑ Part Time ❑ Unknown

8. Education: ❑ College Grad or More ❑ High School Grad ❑ No High School ❑ Some College ❑ Some High School ❑ Unknown

9. Marital Status: ❑ Common Law ❑ Divorced ❑ Legally Separated ❑ Married ❑ Single ❑ Unknown ❑ Widowed

10. Pregnant: ❑ No ❑ Not Reported ❑ Unknown ❑ Yes ❑ Not Applicable (male clients only)

11. Number of Children: _____

	Name	Gender	Age

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B. PRIMARY PRESENTING ISSUE (choose ONE): ❑ Emotional DV ❑ Physical DV ❑ Sexual DV Primary Offense Date: _____/_____/_____

1. Offense Location:

❑ Car ❑ Internet/Social Media ❑ Offender's Home ❑ Other Private Location ❑ Other Public Location
❑ Phone ❑ Park ❑ School ❑ Shared Home ❑ Street
❑ Victim's Home ❑ Victim's Work ❑ Other: _____

2. Other Presenting Issues: (Check as many as apply)

❑ Rape/Sexual Assault ❑ Adult survivor incest/ child sexual assault ❑ Stalking ❑ Harassment ❑ Child sexual assault ❑ Child abuse
❑ Child neglect ❑ Date rape ❑ Drugged ❑ Home invasion ❑ Hate crime ❑ Physical DV
❑ Sexual DV ❑ Emotional DV ❑ Domestic battery ❑ Aggravated dom. battery ❑ Violation of OP ❑ Elder abuse
❑ Financial Abuse ❑ Spiritual Abuse ❑ Human Labor Trafficking ❑ Human Sex Trafficking ❑ Homicide ❑ Attempted homicide
❑ DUI/DWI ❑ Other assault ❑ Battery ❑ Assault/battery ❑ Burglary ❑ Robbery
❑ Other offense against person ❑ Other offense ❑ Unknown offense

C. CLIENT INCOME SOURCE(S): *Check as many as apply AND indicate MONTHLY amount.*

Note: You may use: -1 unknown; -2 not reported for any value

❑ Earned Income $_____
❑ Unemployment Insurance$_____
❑ SSI $_____
❑ Veterans disability pay $_____
❑ Private disability insurance$_____
❑ Worker compensation $_____
❑ TANF $_____
❑ Soc Sec Disability $_____
❑ General assistance $_____
❑ Retirement income/Soc. Security $_____
❑ Veteran's pension $_____
❑ Pension from former job $_____
❑ Child Support $_____
❑ Alimony/other spouse income $_____
❑ Other Source_____$_____
❑ No financial resources ❑ Unknown

D. NON-CASH BENEFITS/HEALTH INSURANCE:

1. Non-Cash Benefits:

❑ Food Stamps/food benefit card (Link Card)
❑ Special Supplemental nutrition (WIC)
❑ TANF Child Care services
❑ TANF Transportation
❑ Other TANF funded services
❑ Section 8, public housing, rent assistance
❑ Other Source
❑ Receives NO Non-Cash Benefits
❑ Unknown

2. Health Insurance

❑ Medicaid health insurance (18 & older only)
❑ Medicare health insurance
❑ State children's health insurance (Children's Medicaid)
❑ Veteran's administration med services
❑ Private health insurance
❑ No health insurance
❑ Unknown

E. REFERRALS:

1. Referred FROM (Client Referral Source):

❑ Legal System ❑ Sexual Assault Program ❑ Housing Program ❑ Circuit Clerk ❑ Public Health ❑ Child Advocacy Center
❑ Hospital ❑ Medical Advocacy Program ❑ Private Attorney ❑ Clergy ❑ Relative ❑ Friend
❑ Medical ❑ Law Enforcement ❑ State's Attorney ❑ Education System ❑ Media ❑ IL DV Helpline
❑ Self ❑ Social Service Program ❑ Other DV Program ❑ DCFS ❑ National DV Hotline ❑ Other Local Hotline

❑ Other Referral Source: _____

2. Referred TO:

- ❑ State's Attorney
- ❑ Circuit Clerk
- ❑ Hospital
- ❑ Clergy
- ❑ Law Enforcement
- ❑ Public Health
- ❑ Other DV Program
- ❑ Social Service Program
- ❑ Sexual Assault Program
- ❑ Legal System
- ❑ Private Attorney
- ❑ Education System
- ❑ Medical
- ❑ DCFS
- ❑ Housing Program
- ❑ Other Referrals: _____

F. SPECIAL NEEDS (Check as many as apply):

- ❑ No special needs indicated
- ❑ Unknown
- ❑ Not Reported
- ❑ Is hearing impaired
- ❑ Has limited English (Primary Language: _____)
- ❑ Requires special diet
- ❑ Requires assistance in feeding, dressing, or toileting
- ❑ Requires a wheelchair
- ❑ Other Special Needs: _____
- ❑ Must have medications administered
- ❑ Has immobility
- ❑ Is visually impaired-requires assistance
- ❑ Has developmental disability

G. SERVICES NEEDED: Check all services needed by client at time of intake.

- ❑ Shelter
- ❑ Housing
- ❑ Financial
- ❑ Referral
- ❑ Lock up/Board up
- ❑ Emotional/Counseling
- ❑ Individual Support (child)
- ❑ School Advocacy (child)
- ❑ Group Activity (child)
- ❑ Education
- ❑ Child Care
- ❑ Legal Services
- ❑ Employment
- ❑ Legal Advocacy
- ❑ Medical Services
- ❑ Medical Advocacy
- ❑ Crisis Intervention
- ❑ Transportation
- ❑ Parent/Child Support
- ❑ Community Advocacy (child)
- ❑ Therapy

H. RESIDENCE:

Address: _____

City/Town Township County State Zip Code (*Enter UK for Unknown and NR for Not reported)*

Home Phone (_____)_____-_____ Work Phone (_____)_____-_____ Emergency Contact: (____)_____-_____

Type of Residence (IMMEDIATELY prior to coming to DV shelter/transitional housing program) (Required for shelter clients; optional for others but some funders, e.g. Chicago DFSS, require this info for all clients.)

- ❑ Emergency shelter (other DV or homeless)
- ❑ Substance abuse treatment facility
- ❑ Staying/living w/ family member
- ❑ Place not meant for habitation
- ❑ Transitional housing-homeless
- ❑ Jail/prison/juvenile detention ctr
- ❑ Staying/living w/ friend
- ❑ Other
- ❑ Perm. housing for formerly homeless
- ❑ Room/apt/house rented
- ❑ Hotel/motel paid for w/o emergency shelter voucher
- ❑ Unknown
- ❑ Psychiatric hospital/facility
- ❑ Apt/house owned
- ❑ Foster care home/group home
- ❑ Not Reported

Length of stay in previous place (place indicated above) (Required for shelter clients; optional for others but some funders, e.g. Chicago DFSS, require this info for all clients.)

- ❑ 1 week or less
- ❑ 1 week to 1 month
- ❑ 1-3 months
- ❑ 3 months to 1 year
- ❑ 1 year or longer
- ❑ Unknown

PREVIOUS SERVICE USE (shelter/transitional housing clients only): In the Last Year….

1--Have you used another domestic violence shelter in this part of IL? YES NO If yes, about how long ago (approx. date): _____

2--Have you used another homeless shelter in this part of IL? YES NO If yes, about how long ago (approx. date): _____

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I. OFFENDER INFORMATION:

Name: _____			County/State: _____	
Birth Date: _____/_____/_____	Age (at victim intake): _____		Case #: _____	DOC #: _____
Race/Ethnicity: Check ONLY ONE category for Offender.	❑ African American	❑ Asian/Pacific Islander	❑ South Asian (NEW in FY21 – Subgroup of Asian/Pacific Islander)	❑ Hispanic/Latinx
	❑ White	❑ MENA (Middle Eastern North African) – Note federal agencies consider this a subgroup of White.	❑ Multiracial	❑ Other _____
	❑ Native American			❑ Unknown

Gender: ❑ Female ❑ Male ❑ Other

Offender Relationship to Client – Note order of categories has changed in FY21 form compared to earlier versions.

❑ Acquaintance - Female	❑ Acquaintance - Male	❑ Boyfriend	❑ Child/Grandchild - Female	❑ Child/Grandchild - Male
❑ Ex-Boyfriend	❑ Ex-Girlfriend	❑ Ex-Husband	❑ Ex-Wife	❑ Father
❑ Father's Girlfriend	❑ Friend - Female	❑ Friend - Male	❑ Girlfriend	❑ Husband
❑ Mother	❑ Mother's Boyfriend	❑ Same Sex Partner	❑ Wife	

Visitation:

❑ No Visitation Allowed ❑ Supervised Visitation ❑ Unsupervised Visitation ❑ Visitation Not an Issue ❑ Unknown

If there are police and/or state's attorney charges against the offender, document those on the Medical / Criminal Justice Information Form.

J. ELIGIBILITY DETERMINATION/PROGRAM RESPONSE:

Eligible for Services:

1. Based on the circumstances documented above, it is reasonable to conclude that the individual identified herein and accompanying children, if any, is subject to, or at risk of, abuse and is eligible to receive domestic violence services on the basis for the need for protection.
   Immediate Program Response:
   1) Accepted as client in on-site residence
   2) Accepted as client in emergency shelter
   3) Accepted client as non-residential client
   4) Referred to another program (name)_____
2. Based on information received at the time of intake, I conclude this individual is not eligible for services.

Intake Worker: _____ Date:_____

I understand that by my signature, I am verifying the above information and requesting service for ____myself; _____myself and family. I also understand that I have a right to appeal and have a fair hearing of any grievance.

Client Signature: _____

Date: _____

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MEDICAL/CRIMINAL JUSTICE -- VICTIM DOCUMENTATION INFORMATION

MEDICAL

Visit medical facility? ❑ No ❑ Not Reported ❑ Unknown ❑ Yes

Treated For Injuries? ❑ No ❑ Not Reported ❑ Unknown ❑ Yes

Seriousness Of Injuries: ❑ Did not require hospital admission ❑ Required hospital admission ❑ Unknown

Photos Taken: ❑ No ❑ Not Reported ❑ Unknown ❑ Yes Location of Photos:_____

Type of Medical Facility: ❑ Clinic ❑ ER ❑ None ❑ Other ❑ Private Physician ❑ Trauma Ctr. ❑ Unknown

Evidence Kit Used? ❑ No ❑ Not Reported ❑ Unknown ❑ Yes

Other Family Problems:_____

The Offender (check all that apply):

❑ Threw something at your victim
❑ Pushed, grabbed or shoved your victim
❑ Slapped your victim
❑ Kicked, bit or hit your victim with a fist
❑ Hit or tried to hit your victim with something
❑ Beat up your victim
❑ Choked your victim
❑ Threatened your victim with a knife or gun
❑ Used a knife or fired a gun

ORDERS OF PROTECTION

Originally Sought Order: ❑ Granted ❑ Denied ❑ Pending ❑ Unknown Date Filed:___/___/___

County:_____ Date Issued:___/___/___

Type of Order: ❑ Emergency ❑ Interim ❑ Plenary ❑ Unknown Date Vacated:___/___/___

Forum: ❑ Criminal ❑ Civil ❑ Unknown

Original Date Of Expiration:___/___/___ Comments:_____

Activity 1	Activity 2
❑ EOP to IOP ❑ EOP to POP ❑ IOP to POP ❑ Extension ❑ Modification ❑ Violation W/Police Charge ❑ Violation W/O Police Charge Activity Date: ___/___/___ New Expiration Date:___/___/___	❑ EOP to IOP ❑ EOP to POP ❑ IOP to POP ❑ Extension ❑ Modification ❑ Violation W/Police Charge ❑ Violation W/O Police Charge Activity Date: ___/___/___ New Expiration Date:___/___/___
Activity 3	**Activity 4**
❑ EOP to IOP ❑ EOP to POP ❑ IOP to POP ❑ Extension ❑ Modification ❑ Violation W/Police Charge ❑ Violation W/O Police Charge Activity Date: ___/___/___ New Expiration Date:___/___/___	❑ EOP to IOP ❑ EOP to POP ❑ IOP to POP ❑ Extension ❑ Modification ❑ Violation W/Police Charge ❑ Violation W/O Police Charge Activity Date: ___/___/___ New Expiration Date:___/___/___

POLICE

Date Reported to Police:___/___/___ ❑ Patrol Interview ❑ Detective Interview

PROSECUTION

❑ State's Attorney Interview ❑ V/Witness ❑ Trial Scheduled **Trial Type:** ❑ Bench ❑ Jury ❑ Unknown

Court Appearance ___/___/___	**If results in continuance, which type?**	❑ Defense	❑ Prosecution	❑ Other
Court Appearance ___/___/___	**If results in continuance, which type?**	❑ Defense	❑ Prosecution	❑ Other
Court Appearance ___/___/___	**If results in continuance, which type?**	❑ Defense	❑ Prosecution	❑ Other
Court Appearance ___/___/___	**If results in continuance, which type?**	❑ Defense	❑ Prosecution	❑ Other
Court Appearance ___/___/___	**If results in continuance, which type?**	❑ Defense	❑ Prosecution	❑ Other

V/W Participate: ❑ Yes ❑ No ❑ Not Appropriate ❑ Unknown

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MEDICAL/CRIMINAL JUSTICE -- OFFENDER CRIMINAL JUSTICE DOCUMENTATION

POLICE

Police Department:_____ Report Number:_____

Arrest Made? ❑ No ❑ Not Reported ❑ Unknown ❑ Yes Date of Arrest:___/___/___

Police Charge **Date of Charges**: ___/___/___

_____

Charge Type: ❑ Felony ❑ Misdemeanor ❑ Unknown

Police Charge **Date of Charges**: ___/___/___

_____

Charge Type: ❑ Felony ❑ Misdemeanor ❑ Unknown

PROSECUTION

Charges Filed? ❑ No ❑ Not Reported ❑ Unknown ❑ Yes

Charge Type: ❑ Felony ❑ Misdemeanor ❑ Unknown

State's Attorney Charge: Charge Date:___/___/___

_____

Disposition: ❑ Acquitted ❑ Convicted, Lesser Charge ❑ Dismissed, Victim Didn't Show ❑ Mistrial ❑ Pled Guilty, Original Charge

❑ Charges Dropped ❑ Dismissed, Fines ❑ Dismissed, Want Of Prosecution ❑ Other:_____ ❑ Stricken On Leave

❑ Convicted ❑ Dismissed, Other Reason ❑ Hung Jury ❑ Pled Guilty, Lesser Charge ❑ Unknown

Sentence 1: ❑ Conditional Discharge ❑ Juvenile Detention ❑ Not Sentenced ❑ Probation

Sentence Date:___/___/___ ❑ Fines ❑ Juvenile Probation ❑ Other ❑ Restitution

Sentenced for: Yrs_____Mo_____Days____ ❑ Jail ❑ Mandated Couns. ❑ Prison ❑ Supervision ❑ Unknown

Sentence 2: ❑ Conditional Discharge ❑ Juvenile Detention ❑ Not Sentenced ❑ Probation

Sentence Date:___/___/___ ❑ Fines ❑ Juvenile Probation ❑ Other ❑ Restitution

Sentenced for: Yrs_____Mo_____Days____ ❑ Jail ❑ Mandated Couns. ❑ Prison ❑ Supervision ❑ Unknown

Sentence 3: ❑ Conditional Discharge ❑ Juvenile Detention ❑ Not Sentenced ❑ Probation

Sentence Date:___/___/___ ❑ Fines ❑ Juvenile Probation ❑ Other ❑ Restitution

Sentenced for: Yrs_____Mo_____Days____ ❑ Jail ❑ Mandated Couns. ❑ Prison ❑ Supervision ❑ Unknown

Charge Type: ❑ Felony ❑ Misdemeanor ❑ Unknown

State's Attorney Charge: Charge Date:___/___/___

_____

Disposition: ❑ Acquitted ❑ Convicted, Lesser Charge ❑ Dismissed, Victim Didn't Show ❑ Mistrial ❑ Pled Guilty, Original Charge

❑ Charges Dropped ❑ Dismissed, Fines ❑ Dismissed, Want Of Prosecution ❑ Other:_____ ❑ Stricken On Leave

❑ Convicted ❑ Dismissed, Other Reason ❑ Hung Jury ❑ Pled Guilty, Lesser Charge ❑ Unknown

Sentence 1: ❑ Conditional Discharge ❑ Juvenile Detention ❑ Not Sentenced ❑ Probation

Sentence Date:___/___/___ ❑ Fines ❑ Juvenile Probation ❑ Other ❑ Restitution

Sentenced for: Yrs_____Mo_____Days____ ❑ Jail ❑ Mandated Couns. ❑ Prison ❑ Supervision ❑ Unknown

Sentence 2: ❑ Conditional Discharge ❑ Juvenile Detention ❑ Not Sentenced ❑ Probation

Sentence Date:___/___/___ ❑ Fines ❑ Juvenile Probation ❑ Other ❑ Restitution

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Sentence 3: ❑ Conditional Discharge ❑ Juvenile Detention ❑ Not Sentenced ❑ Probation

Sentence Date:___/___/___ ❑ Fines ❑ Juvenile Probation ❑ Other ❑ Restitution

Sentenced for: Yrs_____Mo_____Days____ ❑ Jail ❑ Mandated Couns. ❑ Prison ❑ Supervision ❑ Unknown