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

# Parent/Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:**  | * American Indian orAlaska Native
 | * Asian
 | * **South Asian** (NEW in FY21 – Subgroup of Asian)
 | * Black/African American
 |
| *Client should self-identify.* | * Hispanic/Latinx
 | * Native Hawaiian/Other Pacific Islander
 | * White
 | * MENA (Middle Eastern North African) – Note federal agencies consider this a subgroup of White.
 |
| *Check as many as apply* | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. **Custody:**
 | * Client has Custody
 | * Client/Offender Joint Custody
 | * Offender has Custody
 | * Other Relative has Custody
 |
|  | * DCFS Custody
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Unknown
 |
| 1. **Lives With:**
 | * Client
 | * Client and Offender
 | * Offender
 |
| * Other Relative
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Unknown
 |
| 1. **School:**
 | Not of School Age Pre-school Kindergarten 1st 2nd  3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th Graduated Dropout Unknown |
| 1. **DCFS:**
 | * DCFS Open
 | * DCFS Investigation
 |  |
| **B. NON-CASH BENEFITS / HEALTH INSURANCE:** |
| **1. Non-Cash Benefits:** |
| * Food Stamps/food benefit card (Link Card)
 | * TANF Transportation
 | * Other Source
 |
| * Special Supplemental nutrition (WIC)
 | * Other TANF funded services
 | * **Receives NO Non-Cash Benefits**
 |
| * TANF Child Care services
 | * Section 8, public housing, rent assistance
 | * Unknown
 |
| **2. Health Insurance** |
| * Medicaid health insurance

 (18 and older only) | * State children’s health insurance

 (Illinois Children’s Medicaid) | * Private health insurance
 |
| * Medicare health insurance
 | * Veteran’s administration med services
 | * No health insurance
 |
|  |  | * Unknown
 |
| **C. SPECIAL NEEDS** (Check as many as apply)**:**  | * No special needs indicated
 | * Unknown
 | * Not Reported
 |
| * Has hearing impairment
 | * Limited English –

 Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | * Requires special diet
 |
| * Requires assistance in feeding, dressing, or toileting
 | * Requires wheelchair accessibility
 | * Other special need:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Must have medication administered
 | * Has immobility
 |
| * Has visual impairment-requires assistance
 | * Has developmental disability
 |  |
|  |  |  |
|  |  |  |
| **D. SERVICES NEEDED: Check all services needed by child.** |  |
| * Shelter
 | * Emotional/Counseling
 | * Child care
 | * Medical Advocacy
 |
| * Housing
 | * Individual Support
 | * Legal Services
 | * Crisis Intervention
 |
| * Financial
 | * School Advocacy (child)
 | * Employment
 | * Transportation
 |
| * Referral
 | * Group Activity (child)
 | * Legal Advocacy
 | * Parent Child Support
 |
| * Lock up/Board up
 | * Education
 | * Medical Services
 | * Community Advocacy
 |
|  |  |  | * Therapy
 |
| E. CHILD’S BEHAVIORAL ISSUES | * No behavioral Issues observed from any of the categories
 |
| **Emotional*** Is often afraid
* Can’t leaving parent
* Accepts without question
* Cries often
* Mood swings
* Little interaction
* Nightmares
* Hurts self on purpose
* Suicidal
 | Physical* Bed-wets (if over age 4)
* Illnesses often
* Weight problems
* More active than other children
* If yes, in special class
* Abuses drugs
* Abuses alcohol
 | Social* Plays with fire
* Tries to act like a parent (role reversal)
* Is very protective of family members
* Resists guidance and discipline
* Is possessive of toys (if age 3 or older)
* Hits, kicks, bites, shoves frequently
* Behaves like a younger child
* Harms animals
 | **Educational (if in school)*** Misses school often not due to medical reasons
* Has dropped out of school
* Has problems obeying rules at school
* Special Class behavioral problems
* Has learning problems
* Special Class learning problems
 |

|  |
| --- |
| **F. RESIDENCE** |
| **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **City/town Township County State Zip Code** *(Enter UK for Unknown and NR for Not reported)* |
| **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—**Has the child used another domestic violence shelter in this part of IL? **YES NO** If yes, about how long ago (approx date):\_\_\_\_\_\_\_\_\_\_\_ |
| **2—**Has the child used another homeless shelter in this part of IL? **YES NO** If yes, about how long ago (approx date): \_\_\_\_\_\_\_\_\_\_\_ |
|  |

## Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counselor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**