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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **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 or Alaska 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 | | | | | | | |

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| **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**