Client ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_V Service Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ First Contact Date:\_\_\_\_/\_\_\_\_/\_\_\_\_

Client Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SERVICE HOURS *Services should be documented in 15 min. increments (.25 hours)*. | | | | | | | | | | | | |
|  | Civil Legal Adv./OP | |  | Housing Advocacy | | |  | Employment Asst. | |  | Conflict Resolution | | |
|  | Criminal Legal Adv/Obtain OP | |  | In Person Counseling | | |  | Education Asst. | |  | Economic Asst. | | |
|  | Criminal Legal Adv/Charges | |  | Telephone Counseling | | |  | Child Care | |  | Collaborative Case Management | | |
|  | Group IDVA | |  | Adult Group Counseling | | |  | Life Skills | |  | Art Therapy | | |
|  | Legal Advocacy/Advocate (non IDVA) | |  | Family Counseling | | |  | Substance Abuse Services | |  | Group Therapy | | |
|  | Other Advocacy | |  | Medical Assistance | | |  | Parental Services | |  | Evaluation/Assessment | | |
|  | Legal Services/Attorney-Reg or Type 2 (circle one) | |  | Transportation | | |  | IDVA Legal Services | |  | Legal Services/Attorney | | |
|  | Safe Exchange | |  | Supervised Visitation | | |  |  | |  |  | | |
| On Site Shelter\*: | | \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ | | | Off Site Shelter: | \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ | | | Transitional Housing\* | | | \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_ |

*\*For client receiving on-site shelter or transitional housing, also complete the Residence Section of the client’s intake form. In addition, complete the Departure Form for client leaving shelter or transitional housing.*

|  |  |  |
| --- | --- | --- |
| SERVICE INTERACTION | | |
| * Completed intake/eligibility determined | * Release of information | * POP |
| * Explained services, policies, & procedures | * Service plan developed | * Filed petition |
| * Emotional support provided | * Service plan reviewed/updated | * Accompany client to court/support |
| * Contact circuit clerk | * IDVA Advocacy | * Advised client of court date |
| * Advocacy (agency/individual) | * Completed forms | * Necessary copies of forms made |
| * Safety/flight planning | * Explained court process | * Summons issued |
| * Parenting | * EOP | * Copies distributed |
| * DV education | * IOP/Modification |  |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRALS/CONSULTATION WITH:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| * Police * Hospital | * Medical * Public Health | * Med Adv Program * Social Services Prog | * Other Project * Legal System | * Private Atty * State’s Atty | * Circuit Clerk * Clergy | * Education System * Other |

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_