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

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