Client I.D.#

❑ Victim ❑ Significant Other

**SCREENING/INTAKE DATA ENTRY FORM**

**CLIENT INFORMATION/DEMOGRAPHICS**

**VICTIM/SIGNIFICANT OTHER RESIDENCY** (use to complete Location Tab in InfoNet**)**

**Name:**   **DOB**

**Address:**

Street City State Zip Code

**Township:**   **County:**

**Phone:**   **Effective Date:**

**(Required fields for InfoNet Database)**

**First Contact Date:**

**Age (at first contact):**

**Gender Identity:** *(Check only one)* ❑ Female ❑ Male ❑ Unknown ❑ 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*

❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race/Ethnicity:** Client should self-identify. Please check ALL that apply:

❑ American Indian or Alaska Native

❑ Asian

❑ South Asian (NEW in FY21 – *Subgroup of Asian*)

❑ Black/African American

❑ Hispanic/Latinx

❑ Native Hawaiian or Other Pacific Islander

❑ White

❑ MENA (Middle Eastern / North African) – *Note federal agencies consider this a subgroup of White, but still allow client to self-identify (or not self-identify) with any category(ies).*

❑ Unknown

**Sexual Orientation:** *(Check only one)*❑ 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: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

❑ Not Reported: (Client declined OR not collected)

**If significant other, significant other of:** ❑ Adult Victim ❑ Child Victim (age 17 and under)

**\*If significant other, relationship to victim:**

**Health Insurance:**

❑ Medicaid/Cash Grant

❑ Medicaid/No Cash Grant

❑ Medicare

❑ Private

❑ None

❑ Not Reported

❑ Unknown

**Employment:**

❑ Full-Time ❑ Part-Time ❑ Not Employed ❑ Not Reported ❑ Unknown

**Education:**

❑ College Grad or More

❑ Some College

❑ Current College Student

❑ High School Grad

❑ Current Student K-12

❑ Not of School Age

❑ Not Reported

❑ Unknown

❑ Less than High School

**Marital Status:**

❑ Single

❑ Married

❑ Common Law Marriage

❑ Legally Separated

❑ Divorced

❑ Widowed

❑ Not Reported

❑ Unknown

**Pregnant:**

❑ No

❑ Yes

❑ Not Reported

❑ Unknown

**College/University Student (currently)**: ❑ Yes ❑ No

**PRESENTING ISSUES**

\*Primary presenting issue:

Primary offense date (or start of abuse):

End date of abuse (if applicable):

\*Primary offense location:

*County of Victimization:*

\*Other presenting issues:

**REFERRAL**

**\*Referral Source:**

**LANGUAGE & DISABILITY NEEDS**

Indicate any physical or mental disability or difficulty identified by the client or his/her legal guardian.

❑ None identified

Check all that apply:

❑ Hard of hearing/deaf

❑ Low vision/blind

❑ Requires non-English language services – Primary language:

❑ Requires wheelchair accessibility

❑ Developmental disability

* Mental/emotional disability

❑ Other disability – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME**

**Primary Income Source:**

❑ Alimony/Child Support

❑ Employment

❑ General Assistance

❑ Social Security

❑ SSI

❑ TANF/AFDC

❑ Other Income

❑ Not Reported

❑ Unknown

**Other Income Sources (check as many as applies):**

❑ Alimony/Child Support

❑ Employment

❑ General Assistance

❑ Social Security

❑ SSI

❑ TANF/AFDC

❑ Other Income

❑ Not Reported

❑ Unknown

**SERVICES REQUESTED (Check all that apply)**

❑ Sexual Assault Counseling

❑ Individual ❑ Group ❑ Family

❑ Sexual Assault Therapy

❑ Individual ❑ Group ❑ Family

❑ Medical Advocacy

❑ Legal or Court Advocacy

❑ Other (explain)

**INITIAL SUMMARY (to be completed as a part of the intake process)**

Summarize the client’s reasons for seeking services and indicate what follow-up action will occur (e.g., appointment scheduled).

(Signature of Worker Completing Intake) (Date)

# OFFENDER Offender ID

**Gender:**❑ Male ❑ Female ❑ Other ❑ Unknown (Randomly generated in InfoNet)  
❑ Trans Male to Female ❑ Trans Female to Male ❑ Genderqueer

**Race/Ethnicity:**

❑ Asian/Pacific Islander

❑ South Asian (NEW in FY21 – *Subgroup of Asian*)

❑ Black

❑ Hispanic/Latinx

❑ Native American

❑ White

❑ MENA (Middle Eastern/North African) – *Note federal agencies consider this a subgroup of White.*

❑ Multiracial

❑ Other

❑ Unknown

**Age at Victim Intake:**

(If you know the approximate age of the offender (i.e., between 20 and 30), enter the average age of this range – 25)

**County of Residence:**

**\*Relationship to Victim:**

**Registered Sex Offender at time of Offense?** ❑ Yes ❑ No ❑ Unknown ❑ Not Reported