

Client Name: \_\_\_\_\_

Address, Town: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (other): \_\_\_\_\_

Follow-up call okay?  Yes  No Instructions regarding follow-up contact: \_\_\_\_\_ Appointment scheduled: \_\_\_\_\_

Center: \_\_\_\_\_ INTAKE--RAPE CRISIS SERVICES Staff/Volunteer: \_\_\_\_\_

Case#: \_\_\_\_\_ Previous Case#: \_\_\_\_\_

Intake Date: \_\_\_\_\_ Victim Type:  Primary  Secondary Client Age: \_\_\_\_\_ Sex:  F  M  Trans

Head of Household:  Yes  No  Unknown Annual Income: \_\_\_\_\_ Client Race/Ethnicity:  Caucasian  African American  Latino/a  Native American  Hawaiian/Pacific Islander  Asian  Other: \_\_\_\_\_  Unknown

Primary Language:  English  Spanish  Other (list): \_\_\_\_\_ Disability:  None  Mental  Hearing  Vision  Physical  Psych  Multiple  Unknown Disability Determined by:  Client Disclosure  Staff Observation

Client is College Student  Yes  No  Unknown Client Referred by:  Self  Hospital  Police  School  SACS  Shelter  Walk In  Clergy  SS Agency  DCF  Court  DV Program  Infoline  MIT  Advertising  OVS Office  Mental Health Provider  Comm Education/Training  Witness Protection  Friend/Word of Mouth  OVS Court Advocate  Other  Unknown

Type of Assault to Primary:  Rape  Attempted Rape  Gang Rape  Spousal Rape  Cohabiting Rape  Child Sexual Assault  Incest  Sexual Contact  Sexual Harassment  Other: \_\_\_\_\_ Approximate Date of Assault: \_\_\_\_\_

Age of Primary at Assault: \_\_\_\_\_ Has the Primary Victim Been Assaulted Before This Assault:  No  Yes, Current Multiple  Past Multiple  Past One Time  Unknown

Relationship of Assailant to Primary:  Ex-Spouse/Partner  Current Spouse/Partner  Date/Boyfriend/Girlfriend  Friend/Acquaintance  Sibling/Relative  Parent/Step-Parent  Professional Relationship  Caretaker/Babysitter  Stranger  Unknown  Unknown Relationship of Client to Primary:  Self  Friend  Spouse/Partner  Parent/Step-Parent  Other Relative  Boyfriend/Girlfriend  Caretaker/Babysitter  Other

Was Medical Attention Received:  No  Yes, within 72 hours  Yes, after 72 hours  Victim refused services  Hospital refused services  Not applicable (select this for all secondary victims)  Unknown If yes, Where: \_\_\_\_\_

Doctor/Nurse: \_\_\_\_\_ Was Evidence Collection Done:  Yes  No  Not applicable  Unknown

Was a Date Rape Drug Used:  Suspected  Yes  No  Unknown

Was a Weapon Used During the Assault:  No  Yes  Unknown If yes, What Type: \_\_\_\_\_

Town of Assault: \_\_\_\_\_ Was a Police Report Filed:  No  Yes  Not applicable  Unknown

Was Assailant Arrested:  Yes  No  Pending  Not applicable  Unknown Case Name: \_\_\_\_\_ Police Department: \_\_\_\_\_

Detective/Officer: \_\_\_\_\_ Court Location: \_\_\_\_\_ Prosecutor: \_\_\_\_\_

Charges: \_\_\_\_\_ Case to Trial/Plea Bargain:  Yes  No  Not applicable  Unknown

Any Mandatory Reports Filed by SACS:  Protection & Advocacy  Aging  DCF  Not applicable Date Oral Report was Filed: \_\_\_\_\_

Date Written Report was Filed: \_\_\_\_\_ Case Worker: \_\_\_\_\_ Office: \_\_\_\_\_