

ADVOCATE POSITION

- AVAP Direct Service SA
 Child DVS Shelter
 CJ Ed/Outreach Volunteer am shift
 Director Intern Volunteer pm shift

OFFICE

- DCYF
 Home
 Main
 Satellite 1
 Satellite 2
 Shelter

LOCATION/METHOD OF CONTACT

- CAC* Hospital* Police Department*
 Court* Office appt. School/Campus
 Crisis line Office call Shelter
 DCYF Office walk-in Social Service org.
 Email Other location Support Group*
 *Location _____

Advocate Name/initials _____

CONTACT INFORMATION

Contact Type

- Primary Victim Secondary Victim Third Party

Contact Identity First contact with your crisis center? Yes No

Name _____

Phone Number _____

Town/State of Residence _____

Referred by

- Acquaintance DJJS Mental Health Social serv.
 BEAS Employer Other crisis ctr. Sub. Abuse
 Court Family/friend Outreach Unknown
 DCSS Faith-based com. Police Website
 DCYF Lawyer Self
 DFA Medical provider School/Campus

VICTIM'S INFORMATION

(This info. is about the caller who is either a primary or secondary victim)

- | | | |
|--|----------------------------------|--|
| Ethnicity | Age | Disability |
| <input type="checkbox"/> African American /Black | <input type="checkbox"/> 0 – 12 | <input type="checkbox"/> Developmental |
| <input type="checkbox"/> Asian American/Asian | <input type="checkbox"/> 13 – 17 | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Latino/Hispanic | <input type="checkbox"/> 18 – 25 | <input type="checkbox"/> Hearing |
| <input type="checkbox"/> Multiracial | <input type="checkbox"/> 26 – 40 | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Native American/Alaskan | <input type="checkbox"/> 41 – 60 | <input type="checkbox"/> Multiple disabilities |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> 60+ | <input type="checkbox"/> Other |
| <input type="checkbox"/> White, non-Hispanic | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| | | <input type="checkbox"/> Visual |

Underserved

- Disability
 Elderly 60+
 Immigrant
 LGBTIQ
 non-English
 Other
 Rural

Gender

- Female
 Male

Single Head of household?

- Yes No

Number of children

Children

RELATIONSHIP

Primary victim's relationship to the Abuser/Perpetrator

- Acquaintance/friend Employee/employer Same sex partner
 Child Ex-partner Separated
 Client/patient Married-partner Sibling
 Cohabitant Other relative Stranger
 Dating-partner Parent Student/teacher
 Divorced Religious congregant Unknown

Secondary victim's relationship to the Primary victim

- Acquaintance Employer Married Partner Unknown
 Child Ex-partner Other Relative
 Cohabitant Friend Parent Teacher

TYPE OF VIOLENCE (only check One)

Sexual Violence

- SA Adult- Acquaintance/friend
 SA Adult- Intimate partner/dating
 SA Adult- Familial
 SA Adult- Multiple perpetrators
 SA Adult- Stranger
 SA Adult- Survivor of child SA
 SA Child (0-12)
 SA Teen (13-17)- Acquaintance/friend
 SA Teen (13-17)- Intimate partner/dating
 SA Teen (13-17)- Familial
 SA Teen (13-17)- Multiple perpetrators
 SA Teen (13-17)- Stranger
 SA- Sexual harassment

Stalking

- ST- non-intimate
 ST- with DV
 ST- with SV

Domestic Violence

- DV Adult- Emotional abuse
 DV Adult- Physical abuse
 DV Child (0-17)- Exposure to DV
 DV Child (0-17)- Child abuse
 DV Elder (60+)- Emotional abuse
 DV Elder (60+)- Physical abuse
 DV Teen (13-17)- Emotional abuse
 DV Teen (13-17)- Physical abuse

Other Crime

- OC- Bullying
 OC- Other

SERVICES PROVIDED (check all that apply)

- Crisis counseling (Hotline) Info/ref specific (phone)
 Crisis counseling (In-person) Material goods assistance
 Criminal justice support* Other shelter referral**
 Childcare Personal advocacy
 Emergency financial assist. Police accompaniment
 Emergency legal advocacy Shelter bed nights
 Follow-up Transportation provided
 Group counseling/support Transport to DV shelter
 Hospital accompaniment TRO accompaniment***
 Info/ref general (In-person) PRO accompaniment***
 Info/ref specific (In-person) Victim's Compensation
 Info/ref general (phone)

- DVS specific services** DCYF referral DCYF consult
 Other DHHS referral Other DHHS consult

Please mark additional information, if applicable

*** Criminal justice support**

- Bail hearing Criminal charge Viol TRO/PRO Other

**** Shelter referral reason**

- Accessibility Homeless Rules
 Capacity issue Ineligible Shelter is full
 Geographic location Not interested

***** TRO/PRO accompaniment** Is victim the defendant? Yes

- Cont. Denied Granted Withdrawn Unk.

Civil court support

- Custody Divorce/separation Visitation Other