

Date _____

Client I.D.# _____
 Victim Significant Other

Contact Hours: _____ MA _____ CJS _____ IPC _____ PGC _____ CVJ

Northwest CASA - 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:** _____

OK to leave a message Do **NOT** leave a message

(Required fields for InfoNet Database)

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: Check ALL that apply:

American Indian or Alaska Native

MENA (Middle Eastern North African)

Asian

Native Hawaiian or Other Pacific Islander

Black/African American

White

Hispanic/Latino

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
- High School Grad
- Less than High School (did not grad)
- Current K-12 Student
- Not of School Age
- Not Reported
- Unknown

Marital Status:

- Common Law Marriage
- Divorced
- Legally Separated
- Married
- Not Reported
- Single
- Unknown
- Widowed

Pregnant:

- No
- Yes
- Not Reported
- Unknown

Current College/University Student:

- 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: _____

Referral Agency: _____

INCOME

Primary Income Source:

- Employment
- General Assistance
- Social Security
- Alimony/Child Support
- TANF/AFDC
- SSI
- Unknown
- Not Reported
- Other Income _____

Other Income Sources (check as many as applies):

- Employment
- General Assistance
- Social Security
- Alimony/Child Support
- TANF/AFDC
- SSI
- Unknown
- Not Reported
- Other Income _____

SPECIAL NEEDS

Special Needs: (Indicate any physical or mental disability or difficulty identified by the client or his/her legal guardian)

- No Special Needs Indicated
- Requires wheelchair accessibility
- Has developmental disability, requires assistance
- Has hearing impairment, requires assistance
- Has a visual impairment, requires assistance
- Has Mental/emotional disability
- Has limited English proficiency, requires interpreter – Primary language: _____
- Other disability: _____
- Unknown
- Not Reported

Complete medical, criminal justice and offender sections for victim clients only.

MEDICAL RESPONSE – if reported (Please provide updates as received for Infonet data entry)

Visited Medical Facility: Yes No Unknown Not Reported **Date of Visit:** _____

Treated for Injuries: Yes No Unknown Not Reported

Seriousness of Injuries: Did not require hospital admission Required hospital admission
 Unknown

Photos Taken: Yes No Unknown Not Reported

Medical Facility: Clinic Emergency Room ER Transfer
 Other Private Physician Unknown None

Evidence Collection Kit Used: Yes No Unknown Not Reported

Treated by SANE: Yes No Unknown Not Reported

Hospital Name: _____

CRIMINAL JUSTICE RESPONSE- if reported (Please provide updates as received for Infonet data entry)

Reported to Police: Yes No **Date of Report:** _____

Municipality: _____ **Officer Name(s):** _____

Patrol Interview: Yes No **Detective Interview:** Yes No

State’s Attorney Interview: Yes No

State’s Attorney Victim/Witness Staff Participation: Yes No Not appropriate for services
 Unknown

Order of Protection: Civil Criminal None Unknown

Order of Protection Type: Emergency Interim Plenary Unknown

Civil No Contact Order: Criminal Civil Juvenile Unknown

Civil No Contact Order Type: Emergency Plenary Unknown

* See Reference Chart for Choices

OFFENDER **MULTIPLE OFFENDERS***

Sex: Male Female Unknown

Offender ID _____
(Randomly generated in InfoNet)

Race: Asian/Pacific Islander
 Black
 Hispanic/Latino
 MENA (Middle Eastern North African)
 Native American

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

Offender Arrested? Yes No Unknown Not Reported

Date of Arrest _____

***Police Charge:** _____

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) _____

(Signature of Worker Completing Intake)

(Date)

* See Reference Chart for Choices