

**Intake Form**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Does the following pertain to your situation?

Limited English Proficiency

Difficulty Hearing

Disabled

Immigrant/Refugee

Veteran

**Race:**  Native  Hispanic  African America  White  Asian  Other

Assistance Requested (Check all that apply):

Personal Protection Order

Housing or Emergency Financial Assistance

Safety Planning

Assistance with Filing a Police Report

Community Resources

Legal Assistance

Medical Assistance

Are you (and/or dependents) in a safe location?  Yes  No

Has law enforcement been contacted?  Yes  No

Was a police report filed?  Yes  No

Other information shared/collected:  Yes  No

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