



The Klamath Tribes  
Social Services Department  
*Healing Winds* Program  
Program Information

The Klamath Tribes Administration Building  
501 Chiloquin Blvd., PO Box 436  
Chiloquin, OR 97624  
Ph: (541) 783-2219 / Fx: (541) 783-7783  
*Healing Winds* Crisis Line: (541) 363-4022  
<https://klamathtribes.org/administration/social-services/>

### Purpose

The *Healing Winds* Program provides information, referral, advocacy, assistance with gaining access to Tribal and non-Tribal programs, and financial assistance to Native American Victims of certain crimes. The goal of the Program is to lessen the impact of crimes on victims.

### Eligibility

In order to receive services through the *Healing Winds* program, the following must be met:

- 1) Applicant must be an enrolled member of The Klamath Tribes; a descendant of The Klamath Tribes, an enrolled member of another Federally Recognized Tribe, identifies as being Native American, or considers themselves to belong to a Native American community; and
- 2) Applicant may be of any gender, and at least sixteen (16) years of age; and
- 3) Applicant must live within Klamath County, Oregon; and
- 4) Applicant does not have any pending or under supervision for person-to-person crimes; and
- 5) Applicant must be a victim of Domestic Violence, Sexual Assault, Stalking, Dating Violence, Human Trafficking, Elder Abuse, and/or Survivor of a Homicide Victim; and
- 6) Abuse or incident must have occurred with last 180 days; and
- 7) The Offender may be the Victim's intimate partner, family member (related by blood, marriage, or other custom), relative, stalking perpetrator, human trafficking perpetrator, caregiver, neighbor, employee, co-worker, student, schoolmate, or stranger.

### Types Assistance

Please visit Social Services Department website for a complete list of services the Program offers.

### Required Documents

There are three forms required to receive services through the *Healing Winds* Program.

- 1) **Client In-Take Form, Part 1** – gathers information required by Grant Reports
- 2) **Client In-Take Form, Part 2** – gathers information to help your Advocate serve you
- 3) **Request for Financial Assistance Form (RFAF)** – if seeking financial assistance from the Program

### How to Submit Application

DROP OFF                      501 Chiloquin Blvd., Chiloquin, OR 97624 – Attn: *Healing Winds* Program  
POSTAL MAIL                Klamath Tribes, Attn: *Healing Winds* Program, PO Box 436, Chiloquin, OR 97624  
FAX                                541-783-7783 – Attn: *Healing Winds* Program

### Staff Contact Information

<b>Jeri Allen</b> ( <i>Supervisor</i> ) DV Program Manager 541-783-2219 ext. 121 Cell: 541-891-1753 <a href="mailto:jeri.allen@klamathtribes.com">jeri.allen@klamathtribes.com</a>	<b>Ginny Weems</b> DV Advocate 541-783-2219 ext. 173 Cell: 541-591-9170 <a href="mailto:ginny.weems@klamathtribes.com">ginny.weems@klamathtribes.com</a>	<b>Kelli Campagna</b> DV Case Manager 541-783-2219 ext. 196 Cell: 541-891-5073 <a href="mailto:kelli.campagna@klamathtribes.com">kelli.campagna@klamathtribes.com</a>	<b>Casey Hicks</b> DV Advocate 541-783-2219 ext. 137 Cell: 541-205-8409 <a href="mailto:casey.hicks@klamathtribes.com">casey.hicks@klamathtribes.com</a>
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501 S Chiloquin Blvd, PO Box 436, Chiloquin OR 97624  
Ph: (541) 783-2219 / Fax: (541) 783-7783  
*Healing Winds Program*  
**Client In-Take Form – Part 1**

**Case Number**  
(Assigned by DV Program Manager)

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Any individual or family unit who receives services through the Healing Winds Program, must complete an In-Take Form, "Part 1". **"Part 1" In-Take Forms must be re-done every three (3) months for quarterly data collection. This information is required for grant reporting purposes.** Each In-Take Form will be kept confidential and secure. This form will not be distributed to unauthorized personnel.

**Victim Information**

- 1) Mark one:                   INTAKE                                   UPDATE
- 2) Today's Date: \_\_\_\_\_
- 3) Name (First, MI, Last): \_\_\_\_\_
- 4) DOB (XX/XX/XXXX): \_\_\_\_\_
- 5) Mailing Address: \_\_\_\_\_
- 6) Mailing City, State, Postal Code: \_\_\_\_\_
- 7) Physical Address (if different than mailing): \_\_\_\_\_
- 8) Physical City, State, Postal Code: \_\_\_\_\_
- 9) Provide directions to home if difficult to find:
- 10) Home Phone (include area code): \_\_\_\_\_
- 11) Work Phone (include area code): \_\_\_\_\_
- 12) Cell Phone (include area code): \_\_\_\_\_
- 13) Message Phone (include area code): \_\_\_\_\_
- 14) Email: \_\_\_\_\_
- 15) Select Tribal Enrollment Status:

Enrolled Member of The Klamath Tribes

Descendant of The Klamath Tribes

Other Federally Recognized Tribe, list Tribe: \_\_\_\_\_

Identifies as being Native American but does not have documentation

Non-Tribal, but considers self to be a member of Native Community

16) Tribal Enrollment Number: \_\_\_\_\_ (Please provide proof of enrollment)

17) Race/Ethnicity

American Indian/Alaska Native

White Non-Latino/Caucasian

Asian

Some Other Race

Black/African American

Multiple Races

Hispanic or Latino

Unknown

Native Hawaiian and Other Pacific  
Islander

Decline to Report

18) Gender Identity

Male

Other

Female

Decline to Report

19) Age

0-12

25-59

13-17

60+

18-24

Decline to Report

20) Please mark all special classifications that apply to you:

Deaf/Hard of Hearing

Veteran

Homeless

Victim with Disability:  
Cognitive/Physical/Mental

Immigrant/Refugee/Asylum Seeker

Victim with Limited English  
Proficiency

Other (specify): \_\_\_\_\_

21) Victim of:

- |  |   |
|--|---|
| Dating Violence  | Sex Exploitation (survival)                     |
| Domestic Violence – Physical, Sexual<br>Emotional, or Financial        | Sex Trafficking (other person<br>benefits/pimp) |
| Elder Abuse – Physical, Sexual,<br>Neglect, Self-Neglect, or Financial | Sexual Violence or Assault                      |
| Family Violence  | Stalking  |
| Human Trafficking  | Survivor of Homicide Victim                     |

22) Your relationship to your offender

Offender Relationship To You	Sexual Assault	Domestic or Dating Violence	Stalking	Elder Abuse	Human Trafficking	Sex Exploitation or Trafficking
Current or former spouse or intimate partner						
Other family or household member						
Dating relationship						
Acquaintance (neighbor, employee, co-worker, student, schoolmate, etc.)						
Stranger						
Relationship Unknown						
Decline to Report						

23) Assault Location

- |                                |               |
|--------------------------------|---------------|
| College/University Campus      | School        |
| Medical/Mental Health Facility | Shelter       |
| Military                       | Tribal Land   |
| Offender’s Home                | Unknown       |
| Other                          | Victim’s Home |
| Prison/Jail/Corrections (PREA) | Work          |

24) In which State were you victimized? \_\_\_\_\_

25) In which County were you victimized? \_\_\_\_\_

26) Have you received services through *Healing Winds* Program within last 6 months?

YES

NO

27) Are you new to the Program or a first-time applicant?

YES

NO

28) How many children live with you? \_\_\_\_\_

### Acknowledgement Section

By signing below, I verify that the information I have provided is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Staff Use Only

1) Date and Time Form received by Social Services Department:

Date: \_\_\_\_\_

Time: \_\_\_\_\_ AM / PM

SS Staff who received Form (print name): \_\_\_\_\_

2) Date received by *Healing Winds* Staff: \_\_\_\_\_

3) Are they eligible for services?

YES

NO

*Healing Winds* Staff Comments: \_\_\_\_\_

*Healing Winds* Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4) Determination verified by DV Program Manager on this date: \_\_\_\_\_ Initials: \_\_\_\_\_

5) Date *Healing Winds* staff followed-up with Applicant: \_\_\_\_\_ Initials: \_\_\_\_\_

6) If the individual will receive service(s), mark all Victimization Type(s) that are applicable:

Adult Physical Assault (includes Aggravated and Simple Assault)

Adult Sexual Assault

Adults Sexually Abused/Assaulted as Children

Arson

Bullying (Verbal, Cyber, Physical)

Burglary

Child Physical Abuse or Neglect

Child Pornography

Child Sexual Abuse/Assault

Cyber Crimes

Domestic and/or Family Violence

DUI/DWI Incidents

Elder Abuse or Neglect

Gang Violence

Other (specify): \_\_\_\_\_

Hate Crime:

Racial/Religious/Gender/Sexual Orientation/Other

Human Trafficking: Labor

Human Trafficking: Sex

Identity Theft/Fraud/Financial Crime

Kidnapping (noncustodial)

Kidnapping (custodial)

Mass Violence (Domestic/International)

Other Vehicular Victimization (e.g. Hit and Run)

Robbery

Stalking/Harassment

Survivors of Homicide Victim

Teen Dating Victimization

Terrorism (Domestic/International)

7) If the client will receive service(s), did they present more than one type of victimization?

YES

NO