The Klamath Tribes Social Services Department
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 2

Case Number
(Assigned by DV Program Manager)

_____

The information collected in "Part 2" of the In-Take is not required for grant reporting purposes. The purpose of this form is to gather information to ensure *Healing Winds* staff is knowledgeable of your needs. Assistance is determined on a case-by-case basis to tailor services and supports to each client's specific needs. To remain in compliance with grant funding regulations, this In-Take Form "Part 2" must be updated every three (3) months if the client wishes to continue receiving services through the Healing Winds Program. Each In-Take Form will be kept confidential and secure. This form will not be distributed to unauthorized personnel.

Victim Request / Need for Service

1) Mark one: ☐ INTAKE ☐ UPDATE

2) Today's Date: _____

3) Name (First, MI, Last): _____

4) What is your pronoun preference?

☐ She/Her ☐ Him/He ☐ Theirs/They

5) Which formal prefix do you prefer?

☐ Mr. ☐ Ms.

☐ Miss ☐ Mrs.

6) What brought you in today?

7) Are you working with another agency?

☐ YES ☐ NO

If yes, which agency or agencies? _____

Agency staff name(s): _____

8) Do you have any pets that are in danger?

☐ YES ☐ NO

9) Are you financially dependent upon your offender for your basic living needs?

☐ YES ☐ NO

10) Do you need financial assistance from the Program?

☐ YES ☐ NO

If yes, please ask for the *Healing Winds* "Request for Financial Assistance" Form.

11) Please mark all Basic Needs you need assistance to apply for and/or obtain:

☐ Identification Card for Self ☐ Child(ren) ☐

☐ Driver's License for Self ☐ Child(ren) ☐

☐ Social Security Card for Self ☐ Child(ren) ☐

☐ Birth Certificate for Self ☐ Child(ren) ☐

☐ Food Bank Card, SNAP, WIC, FDPIR Commodities Application

☐ List of Food Pantry Schedules, Produce Connection Schedules, etc.

☐ KLCAS Klamath County Resource Guide

☐ TANF or GA Application

☐ Oregon Health Plan (OHP) Insurance Application

☐ Low Income Home Energy Assistance Program (LIHEAP) Application

☐ Klamath Tribes Housing Applications – Voucher Program, Tribal Housing, or Rental Assistance

☐ HUD / Section 8 Application

☐ Assistance with locating affordable or subsidized Rentals

☐ Other (specify): _____

12) Select services, assistance, and or supports requesting of program:

☐ **Information & Referral** – Includes information about criminal justice process; victim rights, how to obtain notifications, etc. Includes referral to other victim service programs; services, supports, and resources.

☐ **Personal Advocacy & Accompaniment** – Includes advocacy/accompaniment to emergency medical care; medical forensic exam; law enforcement interview; individual advocacy; performance of medical or nonmedical forensic exam or interview or medical evidence collection. Request for immigration assistance; intervention with employer, creditor, landlord, or academic institution; transportation assistance; interpreter services; assistance with victim compensation application; and/or assistance with obtaining support, resources, or services including employment, housing, shelter services, health care, victim's compensation, etc.

☐ **Cultural Advocacy** – Such as sweat lodge, talking circles, wellness gatherings, cultural ceremonies, etc.

☐ **Emotional Support or Safety Services** – Includes crisis intervention; on-scene crisis response; individual counseling; support groups; other therapy; emergency financial assistance; victim witness notification, outreach to victims/survivors.

☐ **Shelter/Housing Services** – Includes Emergency shelter or safe house; transitional housing; and/or relocation assistance.

☐ **Criminal/Civil Justice System Assistance** – Includes notification of criminal justice events; victim impact statement assistance; restitution assistance; civil legal assistance in obtaining protection or restraining order; civil legal assistance with family law issues; other emergency justice-related assistance. Immigration assistance; prosecution interview advocacy/accompaniment; law enforcement interview advocacy/accompaniment; criminal advocacy/accompaniment; other legal advice and/or counsel.

13) Do you need assistance with filing a temporary protection or restraining order?

☐ YES ☐ NO

Children Needs – You may skip this section if you are not seeking assistance for your children.

14) Do you have children? If no, skip to "Offender Information" section.

☐ YES ☐ NO

15) Are you financially dependent upon your offender to provide for the needs of your children?

☐ YES ☐ NO

16) Children's Information

Child's Name	DOB (XX/XX/XXXX)	Age	Gender	Tribal Enrollment Status (Tribe & Roll #)	Offender's Child? (Y/N)	Lives With You? (Y/N)

Child's Name	DOB (XX/XX/XXXX)	Age	Gender	Tribal Enrollment Status (Tribe & Roll #)	Offender's Child? (Y/N)	Lives With You? (Y/N)

17) Do you need specific assistance for your children? Mark all that apply and include child's name.

- ☐ Child care for: _____
- ☐ Transportation for: _____
- ☐ Counseling for: _____
- ☐ Other (specify): _____

18) If your children are not with you, who has custody now?

_____

19) Is there an open court case regarding custody of your children?

☐ YES ☐ NO

20) Is there a current child custody order, divorce decree for custody?

☐ YES ☐ NO

Emergency Contact Information

21) Emergency Contact Name (First, MI, Last): _____

22) Emergency Contact relationship to you: _____

23) Physical Address: _____

24) City, State, and Postal Code: _____

25) Emergency Contact's Home Phone (include area code): _____

26) Emergency Contact's Work Phone (include area code): _____

27) Emergency Contact's Cell Phone (include area code): _____

28) Emergency Contact's Message Phone (include area code): _____

Offender Information

29) Offender's Name (First, MI, Last): _____

30) Offender's DOB (XX/XX/XXXX): _____

31) Offender's Race/Ethnicity

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian and Other Pacific Islander
- ☐ White Non-Latino/Caucasian
- ☐ Some Other Race
- ☐ Multiple Races
- ☐ Unknown
- ☐ Decline to Report

32) Offender's Tribe and Roll # (if known): _____

33) Offender's Gender Identity

- ☐ Male
- ☐ Female
- ☐ Other
- ☐ Decline to Report

34) Offender's Age

- ☐ 0-12
- ☐ 13-17
- ☐ 18-24
- ☐ Decline to Report
- ☐ 25-59
- ☐ 60+

35) Is your Offender on parole or probation?

- ☐ YES
- ☐ NO

If yes, Parole/Probation Officer's Name: _____

36) Are you willing to contact the parole/probation officer regarding your abuse?

☐ YES ☐ NO

37) Is there a "No Contact Order" or "Protection Order" in effect?

☐ YES ☐ NO

38) Is your Offender a Veteran?

☐ YES ☐ NO

39) Is your Offender in Active Duty for the Military?

☐ YES ☐ NO

If yes, which branch? _____

40) Is there any other information you would like to share about your Offender?

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) Will the client receive full services through Healing Winds? If no, specify in question 2.

☐ YES ☐ NO

5) Reasons partially or not served, mark all that apply:

☐ Conflict of interest

☐ Did not meet statutory requirements

☐ Hours of operation

☐ Insufficient/lack of culturally appropriate services

☐ Insufficient/lack of language capacity (including sign language)

☐ Insufficient/lack of services for people with disabilities

☐ Lack of child care

☐ Need(s) not documented

☐ Program reached capacity

☐ Program rules not acceptable to victim/survivor

☐ Program unable to provide service due to limited resources/priority-setting

☐ Services inappropriate or inadequate for victims/survivors with mental health issues

☐ Services inappropriate or inadequate for victims/survivors with substance abuse issues

☐ Services not appropriate for victim/survivor

☐ Services not available for victims/survivors accompanied by male adolescents

☐ Transportation

☐ Victim/Survivor Declined Services

Other (specify): _____

6) Determination verified by DV Program Manager on this date: _____ Initials: _____

7) Date *Healing Winds* staff followed-up with Applicant: _____ Initials: _____