

COLLABORATIVE INTAKE QUESTIONNAIRE

Please read and complete to the best of your ability; if you are unable to complete it on your own, please ask the Receptionist for assistance.

SECTION 1**YOUR INFORMATION**

Date: _____ Referred By: _____

Legal Name:

First Name: _____ Middle Name: _____ Last Name: _____

Sex: Female Male Transgender Name you would like to be addressed by: _____

Other name(s) you have used (legal name/maiden name): _____

Date of Birth: (Month/Day/Year) ____ / ____ / ____ Age: ____ if minor, provide Guardian's Name: _____

Relationship: _____

Place of Birth: _____ Citizenship: _____ What is your ethnicity? _____

Race: American Indian Asian Black/African American Native Hawaiian/Other Pacific Islander

Hispanic/Latino White

SS # (if applicable) _____ Alien # (if applicable): _____

Driver's License/ID #: (if applicable) _____ Phone Number: Home: _____

Cell: _____ Work _____ E-Mail Address: _____

Home Address: _____ Apt #: _____ City: _____ Zip Code: _____

Employer/School Name: _____ Occupation: _____

Employer address/School address: _____ Does the abuser know where you work/attend school? Yes No How long have you lived in Miami-Dade County? ____ State of Florida? _____

Relationship to abuser: _____ How long have you known the abuser? _____

Marital Status: Single Married Divorced Separated Widowed LGBTQ Partner

If married; date & place of marriage: _____ If separated; date of separation: _____

Are you living with the abuser now? Yes No if no, does the abuser know where you live? Yes No

Did you live with the abuser in the past? Yes No Are you dating the abuser now? Yes No

For how long? _____ When did you stop dating? _____

Do you speak English? Yes No What other language(s) do you speak? _____

Are you a veteran? Yes No Are you disabled? Yes No if yes, explain disability: _____

Provide an alternate phone number in case of emergency: _____

Name: _____ Relationship: _____

SECTION 2**ABUSER'S INFORMATION**

First Name: _____ Middle Name: _____ Last Name: _____

Other Name(s) Used: _____ Date of Birth: (Month/Day/Year) ____ / ____ / ____ Age: _____

Sex: Female Male if you are a minor, provide Guardian's Name: _____ Relationship: _____

Place of Birth: _____ Citizenship: _____ Race: American Indian Asian

Black/African American Native Hawaiian/Other Pacific Islander Hispanic/Latino White What is the

Ethnicity? _____ SS # (if applicable) _____ / ____ / ____ Alien # (if applicable) _____

Driver's License/ID #: (if applicable) _____ Phone Number: Home: _____

Cell: _____ Work _____ E-Mail Address: _____

Home Address: _____ Apt #: _____ City: _____ Zip Code: _____

Employer/School Name: _____ Occupation: _____

Employers/School Address _____

Is the abuser required to carry/use a firearm in the capacity of his/her job? Yes No

Work/School hours: _____ Days off from Work/School: _____

Description of abuser: Height _____ Weight _____ Eye Color _____ Hair Color _____

Vehicle make/model: _____

How long has the abuser lived in: Miami-Dade County _____ State of Florida: _____

Marital Status: Single Married Divorced Separated Widowed Does the abuser speak English? Yes No Is abuser disabled? Yes No If yes, please explain disability: _____**SECTION 3****CHILDREN'S INFORMATION** Not Applicable

How many children do you have? _____ How many children are from the abuser? _____

Have any of the children witnessed Domestic Violence? Yes No Are any of the children victims of Domestic Violence? Yes No

1. Child's Name: _____ DOB: _____ Child's School: _____ Grade: _____

SS#: _____ Language Spoken: _____

Child lives with (please check): Mother Father Other Who? _____

Father's Name: _____ Father's DOB: _____ Father's SSN: _____

Father's Address: _____ Father's Employer: _____ Is there any order that addresses child support for this child? Yes No Case #: _____If you do not receive public assistance, do you want child support assistance with this father? Yes No Are you in fear of this father? Yes No Do we need to protect your address from this father? Yes No

2. Child's Name: _____ DOB: _____ Child's School: _____ Grade: _____

SS#: _____ Language Spoken: _____

Child lives with (please check): Mother Father Other Who? _____

Father's Name: _____ Father's DOB: _____ Father's SSN: _____

Father's Address: _____ Father's Employer: _____ Is there any order that addresses child support for this child? Yes No Case #: _____If you do not receive public assistance, do you want child support assistance with this father? Yes No Are you in fear of this father? Yes No Do we need to protect your address from this father? Yes No

3. Child's Name: _____ DOB: _____ Child's School: _____ Grade: _____

SS#: _____ Language Spoken: _____

Child lives with (please check): Mother Father Other Who? _____

Father's Name: _____ Father's DOB: _____ Father's SSN: _____

Father's Address: _____ Father's Employer: _____ Is there any order that addresses child support for this child? Yes No Case #: _____If you do not receive public assistance, do you want child support assistance with this father? Yes No Are you in fear of this father? Yes No Do we need to protect your address from this father? Yes No

4. Child's Name: _____ DOB: _____ Child's School: _____ Grade: _____
 SS#: _____ Language Spoken: _____
 Child lives with (please check): Mother Father Other Who? _____
 Father's Name: _____ Father's DOB: _____ Fathers SSN: _____
 Father's Address: _____ Father's Employer: _____ Is there any order that
 addresses child support for this child? Yes No Case #: _____
 If you do not receive public assistance, do you want child support assistance with this father? Yes No
 Are you in fear of this father? Yes No Do we need to protect your address from this father? Yes No

5. Child's Name: _____ DOB: _____ Child's School: _____ Grade: _____
 SS#: _____ Language Spoken: _____
 Child lives with (please check): Mother Father Other Who? _____
 Father's Name: _____ Father's DOB: _____ Fathers SSN: _____
 Father's Address: _____ Father's Employer: _____ Is there any order that
 addresses child support for this child? Yes No Case #: _____
 If you do not receive public assistance, do you want child support assistance with this father? Yes No
 Are you in fear of this father? Yes No Do we need to protect your address from this father? Yes No

6. Child's Name: _____ DOB: _____ Child's School: _____ Grade: _____
 SS#: _____ Language Spoken: _____
 Child lives with (please check): Mother Father Other Who? _____
 Father's Name: _____ Father's DOB: _____ Fathers SSN: _____
 Father's Address: _____ Father's Employer: _____ Is there any order that
 addresses child support for this child? Yes No Case #: _____
 If you do not receive public assistance, do you want child support assistance with this father? Yes No
 Are you in fear of this father? Yes No Do we need to protect your address from this father? Yes No

7. Child's Name: _____ DOB: _____ Child's School: _____ Grade: _____
 SS#: _____ Language Spoken: _____
 Child lives with (please check): Mother Father Other Who? _____
 Father's Name: _____ Father's DOB: _____ Fathers SSN: _____
 Father's Address: _____ Father's Employer: _____ Is there any order that
 addresses child support for this child? Yes No Case #: _____
 If you do not receive public assistance, do you want child support assistance with this father? Yes No
 Are you in fear of this father? Yes No Do we need to protect your address from this father? Yes No

SECTION 4 INCIDENT/S OF VIOLENCE & COURT RELATED INFORMATION

Are you a victim of: Verbal Abuse Psychological Abuse Sexual Abuse Physical Abuse Stalking Human

Trafficking (Victims of human trafficking are persons who have been recruited, harbored, transported, provided or obtained by force, fraud or coercion for the purpose of commercial sexual exploitation or forced labor)

When did the last incident of abuse take place? _____ **Did you call the police?** Yes No

If Yes, which Department? _____ **Case #:** _____ **Was the abuser arrested?** Yes No **Is the abuser**

still under custody? Yes No **Has the abuser ever been arrested in other occasions before?** No Yes

Explain: _____ **Were you arrested?** Yes No **Case #:** _____

Have you ever been arrested? Yes No **Case #:** _____

Do you have any other criminal case pending against the abuser? Yes No **Case #:** _____

Name of Assistant State Attorney: _____ **Name of Victims Witness Coordinator:** _____

Name of Detective: _____ **Do you have an Order of Protection against the abuser now?** Yes No

Case #: _____ **Did you file for an Order of Protection against the abuser in the past?** Yes No

Case #: _____ **Is there a paternity case open between you and the abuser?** Yes No

Case #: _____ **Is there a divorce case open between you and the abuser?** Yes No

Case #: _____ **Is there a Juvenile dependency case open?** Yes No **Case #:** _____

Is there a custody case open between you and the abuser? Yes No **Case#:** _____

Did the abuser cause property damage? Yes No **If yes, amount of the damage:** \$ _____ **Did you ever seek medical**

attention due to the incident/s of violence? Yes No **Was a weapon used to abuse you?** Yes No **If yes, explain:**

_____ **Does the abuser own or possess any firearms?** Yes No **If yes, how**

many? _____ **Has the abuser ever intentionally hurt or killed your pets?** Yes No

Did the abuser ever obtain an Order of Protection against you? Yes No **Case #:** _____

Has someone, other than you, ever obtained an Order of Protection against the abuser? Yes No

If yes, whom: _____

SECTION 5 FINANCIAL/INSURANCE INFORMATION

What is your total income from all sources? \$ _____ per Month Bi-Weekly Weekly

What is the abuser's income? per \$ _____ Month Bi-Weekly Weekly

Is the abuser presently paying child support? Yes No **If yes, how much?** \$ _____

What is the total number of people living in the household? _____ **How many are your dependents?** _____

Do you own any Real Estate? Yes No **Does the abuser own any Real Estate?** Yes No

Do you and the abuser jointly own a home, apartment, mobile home or land? (Whether or not it is located in the United States) Yes No

Do you have Health Insurance? Yes No **If yes, who is the carrier?** _____

Are you financially dependent upon the abuser? Yes No

Are you receiving benefits? SSI Social Security Food Stamps Medicaid TANF Unemployment Other

Has a claim for Victim's Compensation been filed on your behalf? Yes No

If yes, what type of victim's compensation benefits were requested? Please explain: _____

Claim Number: _____ **Claim Analyst:** _____

SECTION 6 EDUCATION

What is your highest level of education? Please select one.

≤ 6 years (elementary school or less)

13-14 years (some college or associates degree)

7-8 years (middle school)

15- 16 years (college-bachelors degree)

9-10 years (some high school)

> 17 years (masters or doctorate)

11-12 years (high school diploma or GED)

SECTION 7 (OPTIONAL)**HEALTH**

Prefer not to answer

Are you pregnant? Yes No If yes, how many weeks? _____

Have you ever been tested for HIV before? Yes No

If yes, when was the approximate date of your last test? _____

Have you ever been tested for a STI (Sexually Transmitted Infection) before? Yes No

If yes, when was the approximate date of your last test? _____

Would you like to be tested for HIV or STI today at CVAC?

Yes No