| **Case INTAKE FORM** ***Office use only*** | **Client ID/ Ref no.** | Click or tap here to enter text. | **Case worker:**  | Click or tap here to enter text. |
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| **Service Required:** |
| **IDSVA (Independent Domestic Sexual Violence Advocate)**[ ]  | **FS (Floating Support)**[ ]  | **FGM (Female Genital Mutilation)**[ ]  | **Exiting Sex Work**[ ]  | **Perceived Risk Level:** | Click or tap here to enter text. |
| **Referrers details**  | **Client details *(One safe contact method must be provided)*** |
| Date \* | Click or tap here to enter text. | Client name \* | Click or tap here to enter text. |
| Agency Name | Click or tap here to enter text. | DOB and Age  | Click or tap here to enter text. |
| Name \* | Click or tap here to enter text. | Gender | Click or tap here to enter text. |
| Phone no./ email  | Click or tap here to enter text. | Safe Telephone number  | Click or tap here to enter text. |
| Comments from referrer:Click or tap here to enter text. | Alternative Telephone number | Click or tap here to enter text. |
| Code word/safe time to call |  |
| Safe to leave voicemail/ send text? | Yes [ ]  | No [ ]  |
| Address:  | Click or tap here to enter text. |
| Safe to write to? | Yes [ ]  | No [ ]  |
| Email address  | Click or tap here to enter text. |
| Safe to write to?  | Yes [ ]  | No [ ]  |
| **Client details** |
| Ethnicity | Click or tap here to enter text. | Language(s) spoken | Click or tap here to enter text. |
| Interpreter required  | Click or tap here to enter text. | Religion | Click or tap here to enter text. |
| Immigration status  | Click or tap here to enter text. | Sexual Orientation | Click or tap here to enter text. |
| Disability | Click or tap here to enter text. |  |

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| **Children** |
| Children(s) names  | Gender | DOB/Age  | Relationship to child  | Does Perp. have Parental Responsibility? | School  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pregnant  | Yes [ ]  | No [ ]  | Is this a high risk with RIC 14+ referral | Yes [ ]  | No [ ]  |
| Due Date | Click or tap here to enter text. |  |
| Is client registered with a GP  | Yes [ ]  | No [ ]  | GP name and address | Click or tap here to enter text. |
| Are there any child contact issues?  | Yes [ ]  No [ ]  Unknown [ ]  (please provide details)Click or tap here to enter text. |

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| **Reason for the referral:** *i.e. details of incident prompting referral/ history of violence experienced / including police call outs/ A&E attendances/ injuries/ children witnessing:* |
| Click or tap here to enter text. |

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| **Types of abuse experienced by client. Please tick all that apply.**  |
| Physical  |[ ]  Verbal  |[ ]
| Emotional  |[ ]  Coercive Behaviour |[ ]
| Sexual  |[ ]  Honour Based Violence  |[ ]
| Economic  |[ ]  Other- Please Detail | Click or tap here to enter text. |
| FGM |[ ]   |  |
| Sex Work  |[ ]   |  |
| **Significant/Known Risk Factors:** *i.e. staff safety issues, serial or repeat perpetrator, suitable times to call client/ HBV/ suicide self-harm/ MARAC case, risk from family members or strangers,* |
| Click or tap here to enter text. |
| **Please clearly indicate client’s support required in the following areas**  |
| **Mental health and well being**  | **Substance misuse/ alcohol use**  |
| Mental health issues  |[ ]  Drugs  |[ ]
| Diagnosis  |[ ]  Alcohol  |[ ]
| Treatment  |[ ]  Treatment  |[ ]
|  **Employment needs** | **Housing Needs** |
| Unemployed  |[ ]  Homeless  |[ ]
| Employed  |[ ]  Perp remains in property |[ ]
| In training/ education  |[ ]  Insecure housing |[ ]
| **Other** |
| Literacy or numeracy needs |[ ]  Criminal justice/court proceedings |[ ]
| Please provide further details of support required in the highlighted areas  |
| Click or tap here to enter text. |

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| **Describe relationship and living arrangements.** E.g. *on/off relationship, client lives with parents, family members, perp stays over occasionally.* |
| Click or tap here to enter text. |

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| **Perpetrator information:**  |
| Single perpetrator |[ ]
| Multiple perpetrators  |[ ]
| **Relationship to client:** |
| Partner |[ ]  Ex-Partner |[ ]
| Pimp(s) |[ ]  Stranger | [ ]   |
| Family Member(s)- please state | [ ]  Click or tap here to enter text. | Other- please state | [ ] Click or tap here to enter text. |
| **Perpetrator details:** |
| Name  | Click or tap here to enter text. | Ethnicity  | Click or tap here to enter text. |
| DOB/ Age | Click or tap here to enter text. | Language(s) spoken | Click or tap here to enter text. |
| Address  | Click or tap here to enter text. | Translator required  |[ ]
|  |  | Immigration issues  | Click or tap here to enter text. |
| **Mental health and well being**  | **Substance misuse/ alcohol use**  |
| Mental health issues  |[ ]  Drugs  |[ ]
| Diagnosis  | Click or tap here to enter text. | Alcohol  |[ ]
| Treatment  | Click or tap here to enter text. | Treatment  | Click or tap here to enter text. |
| **Describe Employment**  | **Caring responsibilities/ Disability/ literacy or numeracy difficulties**  |
| Unemployed  |[ ]  Caring responsibilities  |[ ]
| Employed  |[ ]  Disability  |[ ]
| In training/ education  |[ ]  Literacy or numeracy difficulties |[ ]
| **Other:**  | *Please describe*Click or tap here to enter text. |

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| **Please provide details of other agencies also providing services/support to client or perp** |
| Agency name  | Case worker | Contact details  | Client/perp |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| **Checklist: *Office use only***  |
| SafeLives DASH RIC completed  | Yes [ ]  | No [ ]  |
| Case referred to MARAC  | Yes [ ]  | No [ ]  |
| Support Plan in place | Yes [ ]  | No [ ]  |
| Confidentiality and information sharing agreement consented by client  | Yes [ ]  | No [ ]  | Tel [ ]  | Written [ ]  |
| Service explanation provided  | Yes [ ]  | No [ ]  | Tel [ ]  | Written [ ]  |
| Monitoring and evaluation of data consented to by client  | Yes [ ]  | No [ ]  | Tel [ ]  | Written [ ]  |
| Are there any conflicts of interest in this case  | Yes [ ]  | No [ ]  |
| Male victim – RESPECT toolkit used  | Yes [ ]  | No [ ]  |
| Case accepted onto service: IDSVA/FS/FGM/ESW/PEER | Yes [ ]  | No [ ]  |
| If ‘no’ has the referrer been informed  | Yes [ ]  | No [ ]  |
| Reason for refusal | Click or tap here to enter text. |