| **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. | | | |