Crisis Call Form for Domestic Violence Providers

Date:*____ Time:*____

Contact Type:*
- ☐ Hotline Call
- ☐ Walk-In
- ☐ TTY

Call Type:*
- ☐ Crime/Victimization
- ☐ Information
- ☐ Other
- ☐ Hangup/Prank

Crime/Victimization Call:
- ☐ 911 Needed:
  - ☐ Yes ☐ No
- ☐ If Yes, 911 Contacted by:_________________________________

Call Type:
- ☐ Identified Caller
  - ☐ Caller Last Name:*_________________________________
  - ☐ Caller First Name:*_________________________________

Client Type:*
  - ☐ Caller is the client
  - ☐ New or existing client
  - ☐ Option not in the list
    - ☐ Are you safe?:*
      - ☐ Yes ☐ No ☐ Don't Know ☐ Refused
    - ☐ Are you injured?:*
      - ☐ Yes ☐ No ☐ Don't Know ☐ Refused
    - ☐ Is abuser present?:*
      - ☐ Yes ☐ No ☐ Don't Know ☐ Refused
    - ☐ Victimization type:*
      - ☐ Yes ☐ No ☐ Don't Know ☐ Refused
    - ☐ Shelter needed:*
      - ☐ Yes ☐ No ☐ Don't Know ☐ Refused
      - ☐ Number of Adults
      - ☐ Number of Children
- ☐ Anonymous Caller

Basic Client Information

First Name:* ________________________________

Last Name:* ________________________________

Middle Name: ________________________________

Suffix: ________________________________

Social Security Number:*

- ☐ ________________________________
- ☐ Don't Know or Don't Have
- ☐ Refused

Basic Client Demographics

Birthdate:*

- ☐ ________________________________
- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Don't Know
- ☐ Refused

Client Age ________________________________

Ethnicity:*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Don't Know
- ☐ Refused

Race:*

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Don't Know
- ☐ Refused

Gender:*

- ☐ Male ☐ Don't Know
- ☐ Female ☐ Refused
- ☐ Transgendered Male to Female
- ☐ Transgendered Female to Male
- ☐ Other

Marital Status:

- ☐ Single
- ☐ Divorced
- ☐ Married & Living with Spouse
- ☐ Married and Not Living with Spouse
- ☐ Common Law
- ☐ Living Together
- ☐ Widowed
- ☐ Civil Union

Citizenship:

- ☐ U.S. Citizen
- ☐ Eligible Non-Citizen
- ☐ Ineligible Non-Citizen

Primary Language:

- ☐ English ☐ Mien
- ☐ Spanish ☐ Other Chinese Language
- ☐ French ☐ Cambodian
- ☐ German ☐ Hmong
- ☐ Italian ☐ Lao
- ☐ Polish ☐ Thai
- ☐ Portugese ☐ Vietnamese
- ☐ Russian ☐ Tagalog
- ☐ Arabic ☐ Ilacano
- ☐ Armenian ☐ Japanese
- ☐ Farsii ☐ Korean
- ☐ Hebrew ☐ Samoan
- ☐ Turkish ☐ American Sign Language
- ☐ Cantonese ☐ Other Sign Language
- ☐ Mandarin ☐ Other-Non English

Referral Date:* ____

Referring Provider Name:*____

Referring Location:____

Referral Status:*
- ☐ Referral Made
- ☐ Turn Away

Service:*
- ☐ Case management
- ☐ Rental Assistance

Provider Name:*____

Street:_________________________________ City:_______________________State:_______Zip:_________

Phone:____