



Date: _____ Advocate Initials: _____

The Center for Family Justice

Intake/Assessment Form

Client Information:

Last Name	First Name	Middle Name	Date of Birth
Current Home Address		City	Zip Code
Safe Phone #s to Contact: (H) _____ (C) _____ (Other) _____			Gender Identity:
Racial Identity: ___ American Indian/Alaskan Native ___ Asian ___ Black/African American ___ Latino/a ___ Native Hawaiian/Pacific Islander ___ White/Caucasian ___ Other _____ ___ Declined to specify		Household Income: \$ _____	Children's Names and Ages:
		Disabled: Yes or No	
		Type of Disability:	
Marital Status: ___ Single ___ Married ___ Widowed ___ Separated ___ Divorced ___ Domestic Partner	Military Status: Active Veteran N/A	Primary Language Spoken: Interpreter Needed: Y or N	Sexual Identity: ___ Lesbian ___ Gay ___ Bisexual ___ Questioning ___ Other _____
Education Level:	Referred By:	___ DV ___ SV ___ Elder Abuse ___ Child Abuse/Witness to Violence ___ Trafficking ___ Family Violence	

Abuser/Offender Information:

Last Name	First Name	Middle Name	Date of Birth
Current Home Address		City	Zip Code
Gender Identity:	Racial Identity: ___ American Indian/Alaskan Native ___ Asian ___ Black/African American ___ Latino/a ___ Native Hawaiian/Pacific Islander ___ White/Caucasian ___ Other _____ ___ Declined to specify		Do you live together? Yes or No
Relationship: ___ Current spouse/Intimate Partner ___ Former Spouse/Intimate Partner ___ Current Dating Relationship ___ Former Dating Relationship ___ Current Partner of Parent ___ Former Partner of Parent ___ Family/Household ___ Parent/Stepparent ___ Sibling/Stepsibling ___ Son/daughter ___ Caretaker/Babysitter ___ Friend/Acquaintance ___ Stranger ___ Other _____	Does offender have a gun or access to a gun? Yes No Unsure		Do you have children together? Yes or No
	Is offender on probation or parole? Yes or No		Offense:
	Offense:		
	Have police been involved before? Yes or No		Is there a current court case pending? Yes or No
	Which department:		Conditions (if known):



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Additional Assessment Questions:

- Have you been to The Center for Family Justice before? Yes No

If yes, when and what program? _____

- What is the reason for your visit today to The Center for Family Justice? (choose all that apply):

The Center's Services/Referrals

- Advocacy/Counseling
- Child Advocacy/Counseling
- Civil Legal Services
- Criminal Court Advocacy (only if there has been an arrest and a case is pending)
- Crisis Services
- Domestic Violence Safehouse
- Food Pantry Resources
- Housing Assistance/Referrals
- Restraining Order/Civil Protective Order Assistance
- Self-Sufficiency/Empowerment Services
- Support Groups

Partner Services/Referrals

- Clinical Services
- Department of Children and Families
- Law Enforcement Assistance
- International Institute of Connecticut
- Prosecutor/State's Attorneys Assistance
- Triangle Community Center

Other Services/Referral: _____ (please specify)

Partner Descriptions & Mandated Reporting

Please see the listing of partner agencies for a full description of the services provided as well as mandated reporting agencies.