Contact Sheet

**Form**

**A**

**Staff / Vol Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_ AM / PM Length of Contact: \_\_\_\_\_\_\_\_**

**\_\_\_Telephone OR \_\_\_Face-to-Face (not shelter) OR \_\_\_\_In Shelter** {If meeting outside of HM, list location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_}

**Client’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Safe phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Caller’s name & relationship (if different from client):**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SAFETY INFORMATION***

Are you safe now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you need medical attention? \_\_\_\_\_\_\_\_\_\_\_\_\_

What would you like us to do if we get disconnected\*? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Immediately get information needed to implement this plan

Where are you now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is your abuser there? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

When is the abuser expected back? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is the abuser drunk/high? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does abuser have a weapon? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Does caller seem suicidal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***TYPES OF ABUSE*—*Please list examples***

Physical: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychological / Emotional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Economic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Present Situation / Crisis:**(if client states that they were abused as a child or witnessed

abuse as a child, please make a note of this in your description; collect the same info for abuser if possible)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Safety Plan / Conclusion / Goals (include referrals made):**  \_\_\_\_\_\_

***CLIENT INFORMATION***

**Current Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Asheville City Buncombe Other\_\_\_\_\_\_\_\_\_\_

**Age:** \_\_\_\_\_**DOB:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gender:** \_\_\_\_\_\_\_\_\_\_ **Sexual Orientation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race:** \_\_\_\_\_\_\_\_\_\_\_ **Spanish-Speaking Only?** Yes No **Veteran?** Yes No **Employed?** Yes No

**Identifies as Hispanic?** Yes No **Transportation?** Yes No **Friends / Family that can help?** Yes No

**Ever contacted HM before?** Yes No ***New Only:*** How did you hear about HM? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sheltered at HM in past?** Yes No **Needing shelter now?** Yes No **Shelter full?** Yes No

***CHILDREN INFORMATION*  # of children:** \_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_ mo/yr **Gender:** \_\_\_\_\_\_\_\_\_ **Race:** \_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_ mo/yr **Gender:** \_\_\_\_\_\_\_\_\_ **Race:** \_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_ mo/yr **Gender:** \_\_\_\_\_\_\_\_\_ **Race:** \_\_\_\_\_\_\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_ mo/yr **Gender:** \_\_\_\_\_\_\_\_\_ **Race:** \_\_\_\_\_\_\_\_\_\_\_

**Child abuse/neglect?** Yes No **If abuse or neglect is present, has CPS been called?** Yes No\*

 \*If no, consult with backup about confidentiality & reporting

**Other info: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***ABUSER INFORMATION***

**Abuser’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship to client:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Length of relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Identifies as Hispanic?** Yes No

**Alcohol/Drug Issues?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mental Health Issues?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ever reported abuse to legal system?** Yes No **Result:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Civil actions/criminal charges pending? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DSS Involvement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has the violence:** *Increased Decreased Stayed the Same*

**Services Provided (please enter number of units for all that apply):**

• Safety Planning\_\_\_\_ •Case Mgt\_\_\_\_ • Advocacy\_\_\_\_ •Referral\_\_\_\_

•Transportation\_\_\_\_ • Food\_\_\_\_ • Clothing\_\_\_\_ •Personal Items\_\_\_\_

•Financial Assistance\_\_\_\_\_ •Therapeutic Act.\_\_\_\_• Clinical Counseling\_\_\_\_ •PLS Referral\_\_\_\_\_

•Interpretation/Translation\_\_\_\_ •Victim Comp\_\_\_\_ •Civil Court\_\_\_\_ •Criminal Court\_\_\_\_

•Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­

**Entered into database? \_\_\_yes \_\_\_no By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**