

**RESIDENTIAL HOTLINE CALL FORM**

Are you safe right now?  Yes  No  
 If not, how long would you need to call the police, obtain an address prior to bringing up so you can call the police, arrange transportation, etc. Address if possible: \_\_\_\_\_  
 What would you like me to call you?  Yes  No  
 Personal advocate for you?  Yes  No  
 If you are a mandated reporter or are required to report, please indicate how you are required to report: \_\_\_\_\_

**NON-RESIDENTIAL INTAKE FORM**

All information is confidential. It is in the limits of confidentiality. This form is kept in your file after you leave.

**Abusive Person's Information** (Can you share some information with me about the person who is harming you?)

Name: \_\_\_\_\_

Relationship: (Can you share how you know them?)  
 Current/former spouse  Current/former dating partner  Other family or household member  
 Acquaintance  Trafficker  Stranger  Unknown

Children: (If services related to children are not requested, this section can be skipped.)

Name	Personal presence	DOB/Age	Photo



# Thoughtful Documentation

**MODEL FORMS FOR DOMESTIC AND SEXUAL VIOLENCE AGENCIES**

Periodically we have maintenance personnel. Please let us know if you have any concerns with allowing them to work in these types of jobs.  Yes  No

Other victimizations if disclosed (Are there any other experiences you might have had in the past, or recently, that you would like to share with me or another staff person?)

Domestic Violence  Sexual Assault  Stalking  Teen Dating Violence  
 Child Abuse  Elder Abuse  Human Trafficking (Labor/Sex)  Adult Sexuality  
 Violation of an Order of Protection  Family Friend of Homicide Victim  Other: \_\_\_\_\_

**Financial Needs:** Do you have any financial needs (e.g., need assistance in finding a job or going to school)?  Yes  No

**Other Needs:** Do you need assistance with replacing any important documents? (Social Security cards, birth certificates, immigration paperwork, etc.)  Yes  No

**Special Needs:** (Do you or your children have any needs that require accommodations or assistance you would like us to be aware of?)

Self: \_\_\_\_\_  
 Children: Name: \_\_\_\_\_  
 Name: \_\_\_\_\_



**mocadsv**  
 Missouri Coalition Against  
 Domestic and Sexual Violence

*The Missouri Coalition Against Domestic and Sexual Violence (MOCADSV)*

*unites Missourians with a shared value that rape and abuse must end, and advances this through education, alliance, research and public policy.*

*This publication was written for use by advocates in the domestic and sexual violence field to think critically about the procedures and practices of documentation in their agency. It is not recommended to share this outside of this closed audience. Sharing it more widely creates an opportunity for abusive partners or their legal counsel to use this model of limited documentation, and the outlining of what may be retained in a file, to challenge a survivor who wants their information to remain confidential. The authors of this publication are in a state with a confidentiality law that has been upheld by the state's Supreme Court. Your state may not have this same level of expectation of confidentiality.*

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The women, children or men pictured in this publication are models and are used for illustrative purposes only.

# Thoughtful Documentation

## Model Forms for Domestic and Sexual Violence Agencies

### SETTING THE STAGE FOR EXAMINING DATA COLLECTION

Following a series of national conversations regarding data collection and privacy in the fall of 2005, the MOCADSV Board of Directors established the Data Initiative Workgroup. During the following year and a half, 19 workgroup members from agencies throughout Missouri met, along with MOCADSV staff, to discuss, debate and reach consensus on what would be included in “model” forms.

While examining a combination of more than 130 data elements routinely asked by domestic violence agencies, the group focused on a few key considerations.

1. An intake should be as short as possible so that a survivor in crisis can focus on their needs rather than sit through a lengthy intake process.
2. Given that information contained in intake forms could be used against a survivor in criminal, civil and child custody proceedings, intake forms should contain only information that is absolutely necessary to provide services.

Members of the workgroup set a high standard for determining which data elements to include in the forms, by asking themselves the following questions:

#### KEY CONSIDERATIONS

- 1 *Make an intake **as short as possible** so a survivor in crisis can focus on their needs rather than sit through a lengthy intake process.*
- 2 *Given that information contained in intake forms could be used against a survivor in criminal, civil and child custody proceedings, intake forms should contain **only information that is absolutely necessary** to provide services.*

#### KEY QUESTIONS

- *What is **critical information** needed to provide services?*
- *Does it **document services provided**, or is it something we would just like to know, or think we need to know, about the survivor?*
- ***What can wait** or be asked later?*
- *What **could be potentially harmful** to the survivor if written down?*
- *What must be collected to **report to funders**?*



As the discussions progressed, three standards for including data elements emerged as needed to meet one of the following requirements:

KEY STANDARDS	
1	<i>Advocates need the information immediately in order to provide basic advocacy for a survivor.</i>
2	<i>Funders require the information.</i>
3	<i>The information is necessary in the event of an emergency.</i>

If the data element did not meet the criteria, it was not included. If something is not included on the model intake forms it is a purposeful decision on the part of the workgroup. Although MOCADSV members agree to follow *MOCADSV Service Standards*, it is not a requirement to adopt the forms in this publication. This new edition of *Thoughtful Documentation* will help victim service providers as they consider how survivor-defined advocacy begins with the very first question a survivor is asked.

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## PRACTICING SURVIVOR-DEFINED ADVOCACY

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When advocates are engaged in survivor-defined advocacy and providing comprehensive services, they ask questions and learn many details from those seeking services. However, documentation should be minimal and focused on the services provided—not a detailed retelling about everything that has been discussed. It is important to think about and discuss what information is kept and why.

Engaging in a critical analysis of your collection and retention of information is what is important—not the actual forms included here. Just as advocates constantly question systems in our communities, advocates should question systems of our own creation.

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## RATIONALE FOR INCLUDING DATA ELEMENTS

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Data elements included in the forms in this publication adhere to *MOCADSV Service Standards* and embody the philosophy of trauma-informed care and survivor-defined advocacy. Each form includes information about its purpose, whether it should be kept in a survivor’s permanent file or until the survivor leaves services, and sample language to use for facilitating conversations with survivors. Each question was evaluated against the core principles:

- Required by most common funding sources for domestic and sexual violence agencies
- Related to safety and security
- Essential to provide advocacy services
- Beneficial to meet the unique needs of survivors
- Useful in facilitating uncomfortable and difficult conversations. These conversations might be vitally important to fully meet the needs of survivors.



## RATIONALE FOR NOT INCLUDING DATA ELEMENTS

The following principles were used to exclude some questions and data elements:

- The data is potentially harmful, unlawful or not necessary
- It does not need to be documented in order to provide basic advocacy services
- It is not required by funders
- The data could be used against a survivor in criminal, civil, and child custody proceedings,
- The information is used to “screen out” someone seeking services,
- The data should not be documented according to Americans with Disabilities Act and Amendments regulations, confidentiality statutes and/or the Fair Housing Act. For more information, see the Resources section of this document on page 6.

## THE FORMS

Since the original development of the model forms, grant requirements have changed, along with the development of a greater understanding of the need for inclusive, trauma-informed language when asking questions. The revised forms are updated to reflect the most common and current funding reporting requirements. The updated forms track the services provided by advocates in a way that is easy to ensure confidentiality and serves as backup documentation for funders.

Because data is used and retained for different reasons, separate forms or sections of electronic databases are suggested. The sample forms provide the name of the data element to be collected and offer suggested ways to ask a question when working with someone.

Each form includes the purpose of the form and how long it should remain in the participant’s file. Before using any of the forms, please review this information with all staff to ensure everyone understands the purpose of each form.

The forms might not contain all of the data elements your organization currently collects. They provide a base, or template, for you to customize based on your organization’s funding requirements, program services, and the needs of participants. As you add or remove questions be sure you have done the work described in Setting the Stage for Examining Data Collection on page 1 to ensure the information is necessary.

Only keep what is necessary in your electronic data systems. Develop a policy for when and how to purge information.

## KEY CONSIDERATIONS

### *Data elements are:*

- ✓ *Essential to providing basic advocacy services*
- ✓ *Related to safety and security*
- ✓ *Required by most agency funders*

### *Data elements are not:*

- ✗ *Potentially harmful, unlawful, or unnecessary*
- ✗ *Harmful if used in custody proceedings*
- ✗ *Used to “screen out” someone seeking services*
- ✗ *Prohibited by confidentiality statutes, ADA, and the Fair Housing Act (for more information, see page 6)*



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## RECORD RETENTION

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Agencies should have a written record retention policy that includes how long specific “forms” are kept as well as when to destroy paper and electronic files. Take into consideration the needs of the agency and the requirements of funders when setting the length of time to keep documents. It is unlikely that any funding agency requires forms to be kept longer than seven years past the close of the grant that funded the services. Confirm this with each funder. It is recommended that electronic records be destroyed no later than 30 days after any paper copies are shredded. Agencies need to consult with their information technology (IT) professionals about how to purge electronic data from your existing systems and any backup files.

### SURVIVOR’S RIGHTS

The survivor has the right to request a copy of their file, in its entirety, at any time. Information in a survivor’s file should be fact-based and should not contain opinions, presumptions, or judgments. This is important when writing service notes. To help maintain objective notes, ask yourself whether you would want the survivor to read what you wrote about them.

### INFORMED CONSENT

It is important that survivors seeking services are informed about the agency’s policies regarding record retention. When working with someone, explain what records are kept by the agency and which are destroyed. Inform them of the reasons why this purging of information occurs and that it is intended to protect their privacy rights and safety. Domestic and sexual violence agencies are safe havens for survivors—that includes both their physical safety as well as safely protecting any personal information collected.

### METHOD OF INFORMATION GATHERING

It is not necessary for all the forms to be completed immediately after a person arrives. If more pressing issues exist, such as a need to eat, sleep, bathe or get children ready for school, these needs take precedence over obtaining any documentation. Allow survivors to make decisions about when and where forms are completed, who is present when they are providing the information, and when they need to take a break.

The manner in which information is gathered is a key part of making a person feel welcome, respected, and heard. Instead of rattling off a list of questions, make the process conversational and view it as an opportunity to get to know the person as an individual. Ideas for how to ask questions are located on the forms in parentheses and italics. Inform survivors of their rights, such as the right to know why the agency is asking for certain information, the right to refuse to disclose information, and the right to request a copy of their file.

Be prepared to offer services to someone regardless of whether they answer all of the questions. Do not make assumptions about anyone’s reading ability or English literacy by asking them to fill out the forms themselves.

### PAPER-BASED RECORDS

You could use a different color of paper for each type of form. Think about who needs to know the information collected. For example, does a grant writer need full access to someone’s records or do they just need the demographic data to report to funders? Once the criteria for who needs the information is established, you can designate color pages to specific uses. For example, the “green” form includes demographic data that is given to the grant writer, the “pink” form is used in the event of an emergency and the “white” form is retained in the standard file. Upon the end of services, the folder can be quickly and efficiently processed with only the remaining form being retained. The emergency form is always destroyed as it generally includes family contact information and may include some health information.



## LEGAL PROCEEDINGS

A survivor's file can be requested for legal proceedings. The following laws and requirements can be used as grounds to prevent a survivor's records from being released without the individual's consent:

- The Violence Against Women Act (VAWA) confidentiality requirements of 34 U.S.C. Section 12291 (b)(2)
- The Victims of Crime Act (VOCA) requirements in 34 U.S.C. Section 20110 (d)
- The Family Violence Prevention and Services Act (FVPSA) requirements in 42 U.S.C. Section 10406 (c)(5)
- Missouri state law Section 455.220 RSMo., Section 455.003 RSMo.
- The Missouri Supreme Court ruling in State ex rel. Hope House Inc. v. Merriam, 133 S.,W.3d 44 (Mo. 2004)(enbanc)

The survivor may request that you release their records for the purpose of divorce or custody cases. In these cases, it is important that documentation does not harm the survivor. Advocates can document objective information by asking themselves whether it could harm a survivor in a legal proceeding.

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## ACCESSING DATA

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Only staff and volunteers with a need to know should be able to read information about someone you serve. Ensure that paper files are in locked file cabinets with limited access to the keys. If the agency uses an electronic data system, don't share passwords or post them anywhere. Change passwords on a regular basis. Look at where computer monitors are in the agency and determine what could be seen by a passerby. Move the monitor, add a screen filter, or move the workstation to ensure confidentiality of information at all times.

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## FINAL THOUGHTS

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Information gathered needs to have a purpose. It must be necessary for grant reporting, backup documentation for monitoring and/or funder audits, for entering MOCADSV Monthly Services Reports (MSRs), be required by law, or enhance service provision. The main reason to record information is to provide quality services to survivors.

When taking the time to truly listen to what someone is saying, an advocate can gather the information on the form without having to ask the questions. The conversation might not follow the exact order of the form. That is okay. A key tenet of domestic and sexual violence advocacy is starting where the survivor is comfortable, and that holds true in how you gather information to document your work.

### KEY CONCEPT

*The main reason to record information is to **provide quality services** to survivors.*





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## RESOURCES

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*The following resources support much of the rationale of this publication.*

Americans with Disabilities Act home page. [www.ada.gov](http://www.ada.gov)

United States Department of Justice, Civil Rights Division, Disability Rights Section.

A Guide to Disability Rights Laws. (February 2020). <https://www.ada.gov/cguide.htm>

Missouri law Section 455.220 RSMo and Section 455.003 RSMo

Missouri Supreme Court ruling in *State ex rel. Hope House Inc. v. Merriam*, 133 S.,W.3d 44 (Mo. 2004)(enbanc)

Fair Housing and Equal Opportunity home page.

[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp](https://www.hud.gov/program_offices/fair_housing_equal_opp)

Missouri Coalition Against Domestic and Sexual Violence,

*How the Earth Didn't Fly Into the Sun: Missouri's Project to Reduce Rules in Domestic Violence Shelters* (2020) [www.mocadsv.org](http://www.mocadsv.org)

Missouri Coalition Against Domestic and Sexual Violence,

*Service Standards for Domestic Violence Programs and Sexual Violence Agencies*  
[www.mocadsv.org](http://www.mocadsv.org)

United States Department of Justice, Civil Rights Division, and U.S. Department of Housing and Urban Development, Office of Fair Housing and Equal Opportunity. Joint Statement of the Department of Housing and Urban Development and the Department of Justice - Reasonable Modifications Under the Fair Housing Act. (March 5, 2008). [https://www.hud.gov/sites/documents/reasonable\\_modifications\\_mar08.pdf](https://www.hud.gov/sites/documents/reasonable_modifications_mar08.pdf)



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## RESIDENTIAL HOTLINE

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Use the Hotline Call Form to collect basic information. A name is not required, but it might be helpful to ask what the survivor wants to be called while talking with you. The Hotline Call Form is not be stored in a survivor’s file. If you are a paper-based agency, it is stored with other hotline forms and retained at the agency according to the record retention policy.

A hotline call is conversational and does not need to follow the order of the questions on the form. Callers should not be left with the impression that you are gathering information to fill out a form. Suggested language to assist advocates in collecting information is after each question in italics.

The “Internal Use” section of the form is filled out after the call is done. This section is for communication between staff or for grant reporting.

The Hotline Call Form template is specific to agencies providing shelter. If your organization does not provide shelter, modify the form to remove those questions.

“IPV” is used on the form. It means Intimate Partner Violence.

***Sample introduction:***

*“Hello, (insert agency name). How may I help you?” Or, “(insert agency name) hotline, how may I help you?”*



# RESIDENTIAL HOTLINE CALL FORM

Are you safe right now?  Yes  No

(If not, how can I assist you? If survivor wants you to call the police, obtain an address prior to hanging up so you can call the police, arrange transportation to a safe place, etc. Address if provided: \_\_\_\_\_)

First name (My name is \_\_\_\_\_, what would you like me to call you?): \_\_\_\_\_

(If needed) Interpreter needed? (Can I provide an interpreter or bilingual advocate for you?)  Yes  No

If yes, language \_\_\_\_\_

What we talk about today is confidential, and I will not share what you tell me, unless you want me to. (If you are a mandated reporter as required by Missouri law in Section 210.11 RSMo, disclose you are mandated reporter and what types of information you are required to report and the limits to confidentiality.)

Caller informed about agency confidentiality.  Yes  No

Reason/s for seeking assistance (How can I help you? What happened for you to call today? What is going on?)

Domestic Violence  Sexual Violence  Stalking  Teen Dating Violence  Trafficking  Other: \_\_\_\_\_

Is shelter requested? (Assess space availability)  Yes  No

If no, skip the boxed questions below and ask if they feel they would like to seek services.

Do you have children or dependents that will be coming with you?  Yes  No

What are their ages? \_\_\_\_\_

Do you have a service animal you will be bringing to the shelter?  Yes  No

Do you have pets you need to bring to the shelter or do you need assistance in locating a safe place for them?  Yes  No

What types of pets do you have? \_\_\_\_\_

(I am able to provide you shelter. Are you safe and able to talk about a few things before coming into our shelter?)

I would like to let you know more about our agency and what to expect when you arrive. (Type of facility, items your program can provide, what they should try to bring with them, community living, etc.) **Our goal is to provide a safe option for any individual experiencing violence.** We have a diverse group of individuals living here, including individuals with children of all ages; people of various ethnic, cultural and religious backgrounds and abilities; people who speak different languages; and individuals of varied gender identity and sexual orientation. Do you have any questions or concerns about that?

Do you feel our agency's services would be a good fit for you?  Yes  No

If you don't want to come here for services, do you have concerns about your safety that you would like to talk about?  Yes  No

Would you like to talk about making a safety plan for you and your children?  Yes  No

Services requested: (What can I help you with? If coming into shelter, when and how will they arrive?) \_\_\_\_\_

Referrals/services provided: \_\_\_\_\_

## For Internal Use

Name of person taking the call: \_\_\_\_\_ Date: \_\_\_\_\_

Time spent on call: \_\_\_\_\_ Shelter approved?  Yes  No Arrival time: \_\_\_\_\_

If shelter denied, reason: \_\_\_\_\_ Safety Planning conducted?  Yes  No

Number of individuals denied shelter: Women \_\_\_\_\_ Men \_\_\_\_\_ Children \_\_\_\_\_ Unspecified Gender \_\_\_\_\_ Youth IPV \_\_\_\_\_

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## INTAKE

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The Intake Form captures initial information for data entry and to fulfill grant reporting requirements. Any personally identifying information can be hidden from view and used as supporting documentation for many grant reports.

You will find an Aggregate Data and Grant Reporting Form, with personally identifying information already redacted, on page 27 of this publication.

Start by welcoming the survivor and informing them of the purpose of collecting intake information and of their right to provide only as much information as they feel comfortable sharing and they can take a break when needed.

The form is kept as a part of the survivor's file after they leave the agency as a basic record of the services received according to the agency's record retention policy.

### ***Sample introduction after welcoming the survivor:***

*I'd like to ask you some questions to help me understand a little more about you and your children. Some information is used in reports to funders and provides only numbers and cannot be traced back to you or your children. You have the right not to answer any of these questions. You also have the right to share with me information that you think I should know, and you can ask me not to write it down. If you need a break just let me know and these questions can be finished at another time.*

# RESIDENTIAL INTAKE FORM

*All information is confidential (Explain the limits to confidentiality).  
This form is kept in your file after you leave.*

**ID number:** *(assigned by agency)* \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Race/Ethnicity:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Personal Pronouns:** \_\_\_\_\_

**Immediate needs:** *(Are there immediate concerns that I can help you with? Are there any accommodations or assistance you need and would like to share with me?)*

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**Do you have any needs that you would like to share that will make it easier for you to feel comfortable and confident in understanding the information we provide you?** *(Do you need an interpreter, large print copies of things in writing, assistance with completing written documents, someone reading printed material to you, or do you need me to face you when speaking so you can see my lips, etc.)*     Yes     No

**If yes:** \_\_\_\_\_

**Interpreting Needs:** \_\_\_\_\_

**Primary reason for seeking assistance** *(What has brought you here today?):*

- |  |   |
|--|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Teen Dating Violence |
| <input type="checkbox"/> Sexual Assault    | <input type="checkbox"/> Human Trafficking    |
| <input type="checkbox"/> Stalking          | <input type="checkbox"/> Other: _____         |

**Safety Planning** *(Do you have any concerns about your safety that you would like me to help you with?)*

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**Periodically we have maintenance providers – plumbers, copy machine repair, electricians, etc. – who come to our shelter. Please let us know if you have any concerns with allowing these service providers to come into our shelter or if the person who abused you works in these types of jobs.**     Yes     No

**Other victimizations if disclosed** *(Are there any other experiences you might have had in the past, or recently, that you would like to talk about with me or another staff person?):*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Domestic Violence                   | <input type="checkbox"/> Sexual Assault                   | <input type="checkbox"/> Stalking                      | <input type="checkbox"/> Teen Dating Violence           |
| <input type="checkbox"/> Child Abuse                         | <input type="checkbox"/> Elder Abuse                      | <input type="checkbox"/> Human Trafficking (Labor/Sex) | <input type="checkbox"/> Adult Sexually Abused as Child |
| <input type="checkbox"/> Violation of an Order of Protection | <input type="checkbox"/> Family/Friend of Homicide Victim | <input type="checkbox"/> Other: _____                  |   |

**Abusive Person's Information** (Can you share some information with me about the person who is harming you?)

**Name:** \_\_\_\_\_

**Relationship:** (Can you share how you know them?)

- Current/former spouse       Current/former dating partner       Other family or household member  
 Acquaintance       Trafficker       Stranger       Unknown

**Children** (If services related to children are not requested, this section can be skipped.)

Name	Personal pronouns	DOB/Age	Ethnicity	Abuser's relationship to child

**Dietary needs** (Do you or your children have any dietary/food needs that you would like us to be aware of?)

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

**Environmental Needs** (Are there cleaners or soaps you or your children are allergic to?) \_\_\_\_\_

\_\_\_\_\_

**Are any of you allergic to latex?**       Yes       No

**Service Animal or Emotional Support Animal**

Name	Last visit to vet (if known)

**Pets**

Name	Last visit to vet (if known)

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**Internal Use Only**

Program enrollment type: \_\_\_\_\_

Name(s) of advocate(s) working with survivor: \_\_\_\_\_

Room number: \_\_\_\_\_ Date of entry: \_\_\_\_\_ Date of exit: \_\_\_\_\_

# NON-RESIDENTIAL INTAKE FORM

*All information is confidential (Explain the limits of confidentiality).  
This form is kept in your file after you leave.*

**ID number:** *(assigned by agency)* \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Race/Ethnicity:** \_\_\_\_\_

**Gender:** \_\_\_\_\_

**Personal Pronouns:** \_\_\_\_\_

**Immediate needs:** *(Are there immediate concerns that I can help you with? Are there any accommodations or assistance you need and would like to share with me?)*

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**Do you have any needs that you would like to share that will make it easier for you to feel comfortable and confident in understanding the information we provide you?** *(Do you need an interpreter, large print copies of things in writing, assistance with completing written documents, someone reading printed material to you, or do you need me to face you when speaking so you can see my lips, etc.)*     Yes     No

**If yes:** \_\_\_\_\_

**Interpreting Needs:** \_\_\_\_\_

**Primary reason for seeking assistance** *(What has brought you here today?):*

- |  |   |
|--|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Teen Dating Violence |
| <input type="checkbox"/> Sexual Assault    | <input type="checkbox"/> Human Trafficking    |
| <input type="checkbox"/> Stalking          | <input type="checkbox"/> Other: _____         |

**Safety Planning** *(Do you have any concerns about your safety that you would like me to help you with?)*

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**Other victimizations if disclosed:** *(Are there any other experiences you might have had in the past, or recently, that you would like to talk about with me or another staff person?)*

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Domestic Violence                   | <input type="checkbox"/> Sexual Assault                   | <input type="checkbox"/> Stalking                      | <input type="checkbox"/> Teen Dating Violence           |
| <input type="checkbox"/> Child Abuse                         | <input type="checkbox"/> Elder Abuse                      | <input type="checkbox"/> Human Trafficking (Labor/Sex) | <input type="checkbox"/> Adult Sexually Abused as Child |
| <input type="checkbox"/> Violation of an Order of Protection | <input type="checkbox"/> Family/Friend of Homicide Victim | <input type="checkbox"/> Other: _____                  |   |

**Abusive Person's Information** (Can you share some information with me about the person who is harming you?)

**Name:** \_\_\_\_\_

**Relationship:** (Can you share how you know them?)

- Current/former spouse     Current/former dating partner     Other family or household member  
 Acquaintance     Trafficker     Stranger     Unknown

**Children:** (If services related to children are not requested, this section can be skipped.)

Name	Personal pronouns	DOB/Age	Ethnicity	Abuser's relationship to child

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**Internal Use Only**

Program enrollment type: \_\_\_\_\_

Name(s) of advocate(s) working with survivor: \_\_\_\_\_

Date of entry: \_\_\_\_\_ Date of exit: \_\_\_\_\_



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## EMERGENCY CONTACT/SAFETY INFORMATION

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The Emergency Contact Form contains information needed in the event of an emergency. This information is shredded or destroyed once a survivor leaves the agency and is not kept as part of a permanent file. Review the information often with the survivor to keep it current and accurate. Discuss the pros and cons of providing each section of information.

### ***Sample Introduction:***

*This form collects basic information we would need in the event of an emergency. This form is **not** kept in your file after you leave our services. You have the right to provide as much or as little information as you feel necessary for your care and safety. If you decide not to provide any information, your ability to receive services will not change.*

*Legally, we cannot release any information about you without your written consent. In the event that you become unconscious, unable to respond to questions or unable to make decisions for yourself, information on this form is shared on an as-needed basis.*

*We will ask you to review this information regularly to keep it up to date and use it when planning for your safety. You can request to change this information at any time.*

*When choosing your emergency contact one thing you may want to consider is whether they will tell the person who abused you or your kids where you are. Are they prepared to not share information if they are asked by this person? Let's talk through who you are thinking of as your emergency contact.*



# EMERGENCY CONTACT/SAFETY INFORMATION

*This form is shredded after you leave services.*

**ID number:** *(assigned by agency)* \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Emergency Contact Information** *(In case there is an emergency, who would you like us to contact?)*

Emergency contact name: \_\_\_\_\_

Emergency contact phone number: \_\_\_\_\_

Relationship to emergency contact: \_\_\_\_\_

Secondary safe contact name: \_\_\_\_\_

Secondary safe contact number: \_\_\_\_\_

Relationship to secondary safe contact: \_\_\_\_\_

Is it safe to leave a message with your emergency contacts?       Yes       No

Work phone number: \_\_\_\_\_

In the event of an emergency, is it safe to contact you at work?       Yes       No

Is it safe to leave a message for you at work?       Yes       No

Child/children emergency contact name: *(Is the emergency contact different from above if there is an emergency with your children?)*

\_\_\_\_\_

Child/children emergency contact phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Medical information**

Medical/health conditions: *(In case we need to call medical personnel, is there any medical information you would want us to share with them about you or your children?)*

Self: \_\_\_\_\_

Children: Name: \_\_\_\_\_

Name: \_\_\_\_\_

Allergies: *(Do you or your children have any allergies that we should be aware of? Do you have any medications you need in the event of an allergic reaction?)*

Self: \_\_\_\_\_

Children: Name: \_\_\_\_\_

Name: \_\_\_\_\_

Special Needs: *(Do you or your children have any needs that require accommodations or assistance you would like us to be aware of?)*

Self: \_\_\_\_\_

Children: Name: \_\_\_\_\_

Name: \_\_\_\_\_

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## **ADDITIONAL EMERGENCY/SAFETY INFORMATION**

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The additional Emergency/Safety Information Form contains information that a survivor might want to include. Discuss the pros and cons of providing this information with the survivor. The information on this form is reviewed with the survivor often enough to keep it current and accurate.

### ***Sample Introduction:***

*This next part can be a really difficult conversation to have and I'm sorry if it causes you to worry. First, we are going to do all we can to keep you safe. But you won't always be here. You could be out at work or daycare, etc. We want to make sure we understand what you would like us to do in the event something happens while you are out. As a part of your safety plan, I would like to discuss what you would like us to do and what information you would like for us to share with police if the need arises.*

*We would also like to know what you want us to do if you don't return to shelter when expected, if you go missing, if a missing person report is filed or in the event of your death.*

*You have the right to provide as much or as little information as you feel necessary for your care and safety. Completing this form is entirely up to you. If you don't want to now, that's okay. If you change your mind just let someone on staff know.*

*Legally, we cannot release any information about you without your written consent. In the event that you become unconscious, unable to respond to questions or unable to make decisions for yourself, information on this form could be shared on an as-needed basis. In the event you go missing or in the event of your death, we need to note your permission to share information with police.*

*We will ask you to review this information regularly to keep it up to date and incorporate it into your safety plan. You can also request to change this information at any time.*



## ADDITIONAL EMERGENCY/SAFETY INFORMATION

ID number: (assigned by agency) \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

### Safety:

If we have not had any contact with you in \_\_\_\_\_ (#) of hours/days, would you like for us to:

- Attempt to contact me on my cell
- Attempt to contact me at work
- Contact my emergency contact
- Contact the police
- Take no action to locate me or call others

I have been informed of my right to the confidentiality of my personal information and the risks associated with waiving those rights. I give consent for the release of essential information to the proper authorities in the event:

- A missing person's report has been filed
- Death by suspicious means that may be reasonably considered a result of abuse
- None of the above

Information that can be released to authorities in the event of one of the above is:

- Information about dates and services received
- Information about the person who has harmed me
- Information about abuse experienced
- Other: \_\_\_\_\_
- None of the above

I confirm that this release of information is valid while I am receiving services from \_\_\_\_\_ (agency) and \_\_\_\_\_ (amount of time) after the last service received.

I also understand that I can withdraw my consent at any time, either verbally or in writing.

Survivor signature: \_\_\_\_\_

Advocate signature: \_\_\_\_\_

Date: \_\_\_\_\_

Consent Revoked Date: \_\_\_\_\_ Advocate Name: \_\_\_\_\_

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## ADVOCACY FORM

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The Advocacy Form contains questions and discussion prompts to assist you in determining the unique needs of the survivor. The Advocacy Form includes information about the survivor's goals, needs and barriers, and provides an opportunity to customize services based on information provided by the survivor. It is designed to encourage open and honest communication between advocates and survivors. The form does not need to be completed at intake or when the person is in crisis. It can be completed during the first few visits with a survivor or as part of case management. While the information can be beneficial in providing direct services, it is not kept as a part of their file after they leave services.

Prior to completing the form, explain how the information is used and take time to answer questions.

### ***Suggested Introduction:***

*All your information and what you tell me or any other staff here is confidential and voluntary. This form is **not** kept in your file after you are no longer receiving services from our agency. This form helps me get to know you better and assists me in providing you with support specific to your needs. If you do not feel comfortable answering any of these questions, that is okay. If you need a break, please let me know, and I can ask you these questions another time. You will not be denied access to services based on any of your answers or for choosing not to answer any questions.*



# ADVOCACY FORM

*This form is shredded after you leave services.*

**ID number:** *(assigned by agency)* \_\_\_\_\_

**Date:** \_\_\_\_\_

**Survivor's name:** \_\_\_\_\_

**Current Needs:** *(What is most important to you right now? What are you worried about? Are you having any thoughts or feelings that are concerning you?)*

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**Medical Needs:** *(Many people share that they have had difficulty obtaining prescription medication(s) or receiving proper medical attention.)* Do you or your children have any medications you need help getting?  Yes  No

Self: \_\_\_\_\_

Children: Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Do you have any allergies, physical, or mental health concerns about yourself or your children that you would like to talk about?  Yes  No

Self: \_\_\_\_\_

Children: Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Sometimes people have difficulty accessing birth control options, including emergency contraceptives.

Would you like more information about options that are available to you?  Yes  No

Using drugs/alcohol to cope with the violence you have been through is very common. Some people find that support and resources around substance use are beneficial. Would you like more information about resources that may be available to you?  Yes  No

Would you like information about health insurance options that may be available to you?  Yes  No

**Financial Needs:** Do you have any financial needs you would like us to be aware of or need assistance with? Do you want or need assistance in finding a job or going to school?  Yes  No

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**Other Needs:** Do you need assistance with replacing any important documents?  
*(Social Security cards, birth certificates, immigration paperwork, etc.)*  Yes  No

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**Housing Assistance**

Would you like to learn more about housing options that might be available to you in our area?  Yes  No

Many people have difficulty obtaining housing because of back rent or utilities.

Is this something that you would like help with?  Yes  No

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**Legal Services:**

Do you have any legal needs that you would like help with or want us to be aware of?  Yes  No

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Would you like information about how to file for an Order of Protection?  Yes  No

Would you like someone to assist you with filing a police report?  Yes  No

Would you like help with locating an attorney?  Yes  No

Are there any custody/visitation issues you would like someone to help you with?  Yes  No

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Would you like us to go with you to any upcoming court dates or hearings?  Yes  No

Do you have any immigration or citizenship legal needs that you would like help with?  Yes  No

*(We are required to keep your information confidential unless you give us permission to share it. We cannot report you to immigration. I ask about your status because other agencies you might be connected to won't have the same requirements and it could cause you problems or result in you being deported. We want to be careful about who we suggest might help you.)*

**Transportation Services**

Do you have a way to travel to places safely?  Yes  No

Do you need help getting to appointments?  Yes  No

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Do you need help with transportation?  Yes  No

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Do you need assistance getting your child/children to and from school or daycare?  Yes  No

If yes, what school or daycare do they attend? \_\_\_\_\_

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**Support Groups/Counseling Services:**

*(Providing information about all services and groups offered.)*

Some people find group settings helpful in providing support and tools to aid in healing. Would you be interested in more information about groups available to you and your child/children?  Yes  No

If yes, are there any specific topics that you are interested in?

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Individual counseling services are also available to you and your children. Would you be interested in learning more about counseling services for you or your child/children?  Yes  No

*(If yes, explain how they can meet with a counselor.)*

**Pets:** *(This might already have been addressed if the person is staying in the shelter.)*

Do you have any pets with you, or that you had to leave, that you are needing assistance with?  Yes  No

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**Community Resources:** *(Explain what individual community resources and agencies do. Periodically check with each agency to find out what is being offered and what requirements they have. It is important to inform someone about the requirements of another agency.)*

We partner with many different agencies in the community that provide a variety of services and resources. Would you like to discuss community resources that may be available to you?

- |   |   |
|---|---|
| <input type="checkbox"/> Community Action Groups            | <input type="checkbox"/> Transportation             |
| <input type="checkbox"/> Immigration Assistance             | <input type="checkbox"/> Education                  |
| <input type="checkbox"/> Child Care/Child-specific services | <input type="checkbox"/> Address Confidentiality    |
| <input type="checkbox"/> Food/Clothing                      | <input type="checkbox"/> Victim Notification System |
| <input type="checkbox"/> Employment Services                | <input type="checkbox"/> Health or Dental Services  |
| <input type="checkbox"/> Housing Assistance                 | <input type="checkbox"/> Crime Victim Compensation  |
| <input type="checkbox"/> Financial Assistance               | <input type="checkbox"/> Other: _____               |

**How can we support you?** Is there anything else you want me to know about you or your children? Is there anything else you would like to share that would help us to support you in meeting your goals?

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## SERVICE PROVISION FORM

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The Service Provision Form collects information on the services provided by the agency's advocates. This form assists in documenting services provided by the organization on behalf of the survivor and the funding sources used for staff time. Services provided may include, but are not limited to: crisis intervention, case management, transportation, medical/hospital advocacy, support groups, therapeutic groups, licensed therapy, life skills/parenting groups, and court advocacy.

The data collected on this form is required by various funders and assists in entering MOCADSV Monthly Service Reports (MSRs). This form is kept in the survivor's permanent file. The name of the person is not included on the form. There is a place for the person's unique residential or client number assigned by the agency. This form can be used as backup documentation for monitoring and/or funder audits.





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## RELEASE OF INFORMATION

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A release of information is a written waiver of confidentiality from a survivor that allows an agency to communicate with a third party about the survivor. Domestic and sexual violence agencies cannot release information without the informed, written and reasonably time-limited consent of the person. A release of information must be voluntary and identify what information the person wants released and who is to receive that information. Consent for the release of information can be withdrawn at any time, in writing or verbally. A release of information must not be a requirement for someone to receive services.

The enclosed sample form, developed by the National Network to End Domestic Violence (NNEDV), provides an example of a release that meets federal and state law, funding requirements and incorporates *MOCADSV Service Standards*.

Provide survivors with information about the pros and cons of signing a release and that they have the right to withdraw their consent at any time, verbally or in writing. The Release of Information form is not kept as part of a survivor's permanent file and should be destroyed after it has expired or been withdrawn.

A release of information includes an expiration date and time, generally a short period of time, for example, 15-30 days. They are not open-ended.

Remember that there are a variety of laws that protect someone's private health information. You cannot fax or email this type of information, with or without consent.



## [APPROPRIATE AGENCY LETTERHEAD]

**READ FIRST:** Before you decide whether to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information and records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize [Program/Agency Name] to share the following specific information with:

Name: \_\_\_\_\_

Specific Office or Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

The information may be shared:  in person  by phone  by fax  by mail  by email

I understand that electronic mail (email) is not confidential and can be intercepted and read by other people.

I understand that if the information contains information about my health, fax and email are not options.

What info about me will be shared: (List as specifically as possible, for example: name, dates of service, any documents.) \_\_\_\_\_

Why I want my info shared: (purpose) (Be as specific as possible, for example: to receive benefits.) \_\_\_\_\_

Please note: There is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

### I understand:

I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary and is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.

Releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].

[Program/Agency Name] and I might not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information might be required by law or practice to share it with others.

This release expires on: Date \_\_\_\_\_ Time \_\_\_\_\_

Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but might be shorter or longer.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Time: \_\_\_\_\_

### Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until \_\_\_\_\_  
New Date New Time

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_

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## AGGREGATE DATA AND GRANT REPORTING FORM

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The Aggregate Data and Grant Reporting Form captures information used for grant reporting, grant monitoring and for MOCADSV Monthly Services Reports (MSRs). **This form is not a questionnaire used with a survivor.** The information collected at intake and while working with a survivor is transferred to this form.

This form is used as supporting documentation for common grant reporting requirements and monitoring. Personally identifying information is already removed.



# AGGREGATE DATA AND GRANT REPORTING FORM

This form is kept in the person's file for monitoring/funder audits and MOCADSV Monthly Services Reports (MSRs) for staff use only and not used when working with someone.

ID number: (assigned by agency) \_\_\_\_\_

Age: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_

Gender: \_\_\_\_\_

### Primary reason for seeking assistance:

- Domestic Violence       Teen Dating Violence  
 Sexual Assault       Human Trafficking  
 Stalking       Other: \_\_\_\_\_

### Service Requested:

- Residential services       Non-residential services (Outreach)

### Other victimizations if disclosed:

- Domestic Violence       Child Abuse       Violation of an Order of Protection  
 Sexual Assault       Elder Abuse       Family/Friend of Homicide Victim  
 Stalking       Human Trafficking (Labor/Sex)       Other: \_\_\_\_\_  
 Teen Dating Violence       Adult Sexually Abused as Child

### Abuser/Perpetrator Information

- Relationship:     Current/former spouse     Current/former dating partner     Trafficker  
 Other family or household member     Acquaintance     Stranger     Unknown

### Other Demographics

- D/deaf/Hard of Hearing     Immigrant/Refugee     Limited English     Disability     LGBTQ     Rural

### Children

	Gender Identity	Age	Ethnicity	Special Needs or Accommodations
Child 1				
Child 2				
Child 3				
Child 4				

### Agency Information

Date of entry: \_\_\_\_\_

Date of exit: \_\_\_\_\_



mocadsv

Missouri Coalition Against  
Domestic and Sexual Violence

217 Oscar Drive, Suite A  
Jefferson City, MO 65101  
888.666.1911

For D/deaf and Hard-of-Hearing and Late Deafened,  
dial 711 for Relay Missouri.

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