

# NOFJC Intake

**A-1.** NOFJC staff completing intake with survivor.

**A-2.** Do you own any weapons?

**A-3.** What type of weapon (s) do you own?

**A-4.** Do you have any weapons with you today?

## **Message/Instructions:**

If the survivor discloses that he or she has a weapon in their possession. Call for a supervisor Immediately to come assist you with the survivor.

## **A-5. Informed Consent to Services/Treatment**

## **A-6. Photo Identification**

### **A. Intake Information**

**B-1.** Type of Client Visit

*(appointment, walk-in)*

**B-2.** Appointment With:

*(intake, PSAVE, TRO, etc)*

**B-4.** Has client ever been to the FJC before?

**B-5.** How did the client hear about the FJC?

**B-6.** Number of adult companions with client

**B-7.** Companion relationship(s) to client

**B-8.** Any children under 18 with the client today?

**B-9.** If yes, how many children under 18?

**B-10.** Are there any children residing with the survivor in the home?

**A. Additional Client Information**

**C-1.** Client is Pregnant:

**C-2.** Employment Status:

**A. Abuser Information**

**D-1.** Abuser's Name

**D-2.** Relationship to Abuser:

**D-3.** If Family Member, please list:

**D-4.** If Other type of relationship to abuse, please list:

**D-5.** Is the abuser on probation or parole?

**D-6.** Do you know the probation or parole officer name and contact information? (Please enter the name and contact information below)

**D-7.** Is it okay to contact the probation or parole officer?

**A. Incident History**

**E-1.** Have the police responded to a domestic violence and/or sexual assault incident involving the client?

**E-2.** Date of the most recent incident

**E-3.** Police Report #

**E-4.** Have the police responded to other domestic violence and/or sexual assault incidents?

**E-5.** Notes

**Message/Instructions:**

**Client Needs** Specific Service Requests and Information listed below in separate sections

**A. Civil Legal Advocacy/Court Accompaniment and Civil Legal Assistance** Assisting a victim/survivor with civil legal issues, including preparing paperwork for a protection order and accompanying victim/survivor to a protection order hearing, administrative hearing, or other civil court proceeding.

**F-1.** Client identifies need for assistance obtaining a temporary restraining order  
(yes, no)

**F-2.** How was the need addressed?

**F-3.** Name of agency and/or professional to whom client was referred

**F-4.** Why was need unable to be addressed?

**F-5.** Other manner in which need was addressed

**F-6.** Notes (do not add case notes)

**F-7.** Client identifies need for immigration assistance

**F-8.** How was the need addressed?

**F-9.** Name of agency and/or professional to whom client was referred

**F-10.** Why was need unable to be addressed?

**F-11.** If Other, please specify

**F-12.** Other manner in which need was addressed

**F-13.** Notes (do not add case notes)

**F-14.** Client identifies need for divorce/dissolution assistance

**F-15.** Name of agency and/or professional to whom client was referred

**F-16.** How was the need addressed?

**F-17.** Why was need unable to be addressed?

**F-18.** If Other, please specify

**F-19.** Other manner in which need was addressed

**F-20.** Notes (do not add case notes)

**F-21.** Client identifies need for child support/custody/visitation assistance

**F-22.** Name of agency and/or professional to whom client was referred

**F-23.** How was the need addressed?

**F-24.** Why was need unable to be addressed?

**F-25.** If Other, please specify

**F-26.** Other manner in which need was addressed

**F-27.** Notes (do not add case notes)

**A. Counseling Services/Support Group** (Individual or group counseling or support provided by a volunteer, peer, or professional.)

**G-1.** Client identifies need for counseling

**G-2.** How was the need addressed?

**G-3.** Name of agency and/or professional to whom client was referred

**G-4.** Why was need unable to be addressed?

**G-5.** If other, please specify

**G-6.** Other manner in which need was addressed

**G-7.** Notes (do not add case notes)

**G-8.** Client identifies need for childrens' counseling

**G-9.** How was the need addressed?

**G-10.** Name of agency and/or professional to whom client was referred

**G-11.** Why was need unable to be addressed?

**G-12.** If other, please specify

**G-13.** Other manner in which need was addressed

**G-14.** Notes (do not add case notes)

**H-1.** Client identifies need for assistance from prosecutor

**H-2.** How was the need addressed?

**H-3.** Name of agency and/or professional to whom client was referred

**H-4.** Why was need unable to be addressed?

**H-5.** If other, please specify

**H-6.** Other manner in which need was addressed

**H-7.** Notes (do not add case notes)

**H-8.** Client identifies need for assistance from law enforcement

**H-9.** How was the need addressed?

**H-10.** Name of agency and/or professional to whom client was referred

**H-11.** Why was need unable to be addressed?

**H-12.** If other, please specify

**H-13.** Other manner in which need was addressed

**H-14.** Notes (do not add case notes)

**A. Crisis Intervention** (Crisis intervention is a process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in his/her life. In this category, crisis intervention occurs in person and/or over the telephone.)

**I-1.** Notes (do not add case notes)

**A. Hospital/Clinic/Other Medical Response** (Accompanying a victim/survivor to or meeting a victim/survivor at a hospital, clinic, or medical office)

**J-1.** Client identifies need for medical assistance

**J-2.** How was the need addressed?

**J-3.** Name of agency and/or professional to whom client was referred

**J-4.** Why was need unable to be addressed?

**J-5.** If other, please specify

**J-6.** Other manner in which need was addressed

**J-7.** Notes (do not add case notes)

**A. Transportation**

**K-1.** Client identifies need for transportation

**K-2.** How was the need addressed?

**K-3.** Name of agency and/or professional to whom client was referred

**K-4.** Why was need unable to be addressed?

**K-5.** If other, please specify

**K-6.** Other manner in which need was addressed

**K-7.** Notes (do not add case notes)

**A. Victim/Survivor Advocacy** (Actions designed to assist the victim/survivor in obtaining support, resources, or services, including employment, housing, shelter services, health care, victim's compensation, etc.)

**L-1.** Client identifies need for housing/shelter

**L-2.** How was the need addressed?

**L-3.** Name of agency and/or professional to whom client was referred

**L-4.** Why was need unable to be addressed?

**L-5.** If other, please specify

**L-6.** Other manner in which need was addressed

**L-7.** Notes (do not add case notes)

**L-8.** Client identifies need for military resources

**L-9.** How was the need addressed?

**L-10.** Name of agency and/or professional to whom client was referred

**L-11.** Why was need unable to be addressed?

**L-12.** If other, please specify

**L-13.** Other manner in which need was addressed

**L-14.** Notes (do not add case notes)

**L-15.** Client identifies need for food

**L-16.** How was the need addressed?

**L-17.** Name of agency and/or professional to whom client was referred

**L-18.** Why was need unable to be addressed?

**L-19.** If other, please specify

**L-20.** Other manner in which need was addressed

**L-21.** Notes (do not add case notes)

**L-22.** Client identifies need for public assistance

**L-23.** How was the need addressed?

**L-24.** Name of agency and/or professional to whom client was referred

**L-25.** Why was need unable to be addressed?

**L-26.** If other, please specify

**L-27.** Other manner in which need was addressed

**L-28.** Notes (do not add case notes)

**L-29.** Employment Readiness/GED Prep

**L-30.** How was need addressed?

**L-31.** Name of agency and/or professional to whom client was referred

**L-32.** Why was need unable to be addressed?

**L-33.** If other, please specify

**L-34.** Other manner in which need was addressed

**L-35.** Notes (do not add case notes)

**A. Other**

**M-1.** Client identifies other need(s)

**M-2.** What other needs were addressed

**M-3.** How was/were need(s) addressed?



## New Orleans Family Justice Center Informed Consent

**Section A.** I understand that in order to receive the most coordinated services, the New Orleans Family Justice Center may need to use or share my confidential information as part of normal program operations. Staffs are committed to keeping this information confidential. I understand that only the minimum necessary information will be shared.

I understand that the New Orleans Family Justice Center is made up of many agencies that work together. I understand that my safety is a top priority of the New Orleans Family Justice Center and all its partner agencies.

I understand that it is beneficial for staff from these service agencies to share some limited confidential information to more effectively coordinate services received by me and/or my children.

I understand that signing this form is voluntary and that I may refuse to sign it and will not be denied services if I do so.

I hereby authorize and request the release and exchange of certain confidential information between the New Orleans Family Justice Center and its partner agencies. These services will be explained to me by the FJC Intake Specialist.

### Purpose of Release

This authorization is made so that the New Orleans Family Justice Center and its partner agencies can more effectively coordinate services received by me and/or my children. I understand that the Family Justice Center is also required to provide general, non-identifiable information about the individuals it serves to certain public and non-public funding sources. Non-identifying, aggregate information from this Center is also provided to the National Family Justice Center Alliance to assist in evaluating the effectiveness of services received by clients of all Family Justice Centers in the United States.

### Extent of Release

This authorization and release applies only to the following information:

- Identifying or demographic information about me and/or my children and/or my companion(s) to the New Orleans Family Justice Center, including name, date of birth, and ethnicity;
- Contact information about me and/or my children, including residence address, telephone number, and e-mail address; and
- Information about the services I and/or my children are receiving including safety planning, risk assessment, legal, medical, counseling, childcare, public benefits, and law enforcement services.

There may be times, for my safety, the NOFJC staff and its partners meet to discuss information about me and/or my children, including information about safety planning, risk assessment, legal, medical, counseling, childcare, public benefits, and law enforcement services.

By signing this form, I am authorizing the above information to be available to the New Orleans

Family Justice Center and the following specific partner agencies:

New Orleans District Attorney, Domestic Violence and Special Victims Unit

New Orleans Police Department, Special Victims Unit (includes Domestic Violence, Sex Crimes, and Child Abuse Units)

Southeast Louisiana Legal Services

Catholic Charities Archdiocese, Project Save

Catholic Charities Archdiocese, Immigration Services

Child Advocacy Center

Tulane Domestic Violence Law Clinic

LIFT Incubator Attorney Program

I am also authorizing consent for my information to be inputted and shared on the electronic database to all partner agencies. This is in order to provide services to me. I understand that I may refuse to sign this form, and realize that my refusal may make it difficult for New Orleans Family Justice Center staff to provide services to the best of their abilities.

I may request restrictions on how my confidential information is used or shared. If the New Orleans Family Justice Center cannot agree to my restrictions, I will be informed of any legal limitations.

I understand that I may discuss any aspect of this information with my agency representative, at any time.

#### Notice of Confidentiality Rights

I understand that the information I share with the New Orleans Family Justice Center will be kept confidential among its partner agencies to the extent the law allows, unless I consent otherwise.

The New Orleans Family Justice Center will oppose any effort to release any confidential information to my abuser or any representative of my abuser.

#### Exceptions to Confidentiality

I understand that the New Orleans Family Justice Center and its partner agencies may be required by law, without my consent, to report suspected child abuse and/or neglect, threats to hurt yourself or others, suspected abuse and/or neglect of an elderly or dependent adult, and when ordered by a judge.

#### Authorization is for a Limited Time

I understand that when I sign this authorization it becomes effective immediately and that it may be revoked verbally or in writing any time, except to the extent that the information has already been released. This authorization shall be effective and valid for the duration of services.

A-1. I have read

Client Signature: \_\_\_\_\_

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