

Client Received Copy – Y  N

**Absentee Shawnee Tribe  
Domestic Violence Department  
Initial Request for Services and Rights**

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

Phone: \_\_\_\_\_

Can we leave a message? Y  N

Will you need an interpreter Y  N

Will anyone else answer? (name/relation) \_\_\_\_\_

Requested Needs:

<input type="checkbox"/> Court services →→→	<b>If requesting assistance with court services <u>ONLY</u> please check here</b> <input type="checkbox"/>
<input type="checkbox"/> Counseling	Case Type (Pertaining to DV/SA incident, i.e., PO, Divorce, etc.) _____
<input type="checkbox"/> Relocation	County _____
<input type="checkbox"/> Emergency Shelter	Next Court Date _____
<input type="checkbox"/> Other _____	

**\*\*Important Information PLEASE READ**

We are committed to help you in any way we can. There are a few things to keep in mind when seeking services. First, please be sure to complete the intake in full to the best of your ability. Second, provide working contact information and if it is safe for an advocate to leave a message. The advocate will contact you within three business days of obtaining your intake to set up a meeting date and time. If your contact information changes, be sure to notify the AST DV Department at 405-273-2888 as soon as possible. If you do not hear from someone after seven days of submitting your intake please contact the number above to follow up. Third, once your meeting is scheduled your advocate will call the morning of your appointment to confirm, if you do not answer or call back by the time the advocate needs to leave, your appointment will be rescheduled. Lastly, following your meeting you must maintain contact with your advocate on a weekly basis or as progress/changes are made. Your file will be closed after 30 days of no contact. Feel free to let us know if you have any questions about any of this information.

**NOTICY OF PRIVACY ACT RIGHTS** All personal information provided to Absentee Shawnee Tribe (AST) Domestic Violence (DV) Department shall be held in confidence at all times and only shared with outside agencies and organizations that serve to assist the client. This agreement signed shall serve as their authorization to share personally identifiable information (PII) with other agencies and organizations, only with a time-limited, signed release of information.

**Required by Law** - AST DV Department will disclose protected information when required by law in any; but not limited to, of the following situations:

- Reporting child abuse or neglect
- Legal duty to warn or take action regarding imminent danger to others
- When client is a danger to self or others, or gravely disabled

**Emergencies** - In life threatening emergencies, AST DV staff will disclose protected information necessary to avoid serious harm or death.

**Client Release of Information** - AST DV Department may not use or disclose your PII outside the department in any way without a signed, time-limited release of information from you. The authorization or release may be revoked at any time.

**Copy of this Notice** - You have a right to obtain another copy of this Notice upon written request.



# Absentee Shawnee Tribe Domestic Violence/Sexual Assault/ Family Violence Prevention Intake



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

Client ID (Office Use Only): \_\_\_\_\_

Referred by (Name and Organization): \_\_\_\_\_

Name: \_\_\_\_\_  
(First) (Middle) (Last) (Maiden Name)

Gender: F or M or Other: \_\_\_\_\_ Current age range: 0-12 13-17 18-24 25-59 60and older

Deaf /Hard of Hearing  Immigrants/Refuge  LGBTQ2S  Veteran  Disabled

Limited English Proficiency  Other; If Other, Please Explain: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Contact # ( ) \_\_\_\_\_ May we leave a message  Yes  No Alternate Phone: ( ) \_\_\_\_\_

Do you have any supplemental income:  Yes  No Specify: \_\_\_\_\_

Marital Status: Single Married Divorced Separated Live-In Widowed

**Race/Ethnicity**

Native American  Black  White  Hispanic  PI  Other

If Native American, please list tribal affiliation: \_\_\_\_\_

Would you like referrals to tribally appropriate resources:  Yes  No

If yes, check : Sweat Lodge  Smudging  Talking Circle  Other \_\_\_\_\_  
(sweet grass, sage, tobacco, cedar)

Are there any children in common or in the home with the abuser?  Yes  No

Please answer below for each dependent child living in your home who may receive services

Children	Age Range	Race/Ethnicity	Gender
1	0-12 13-17		Male Female
2	0-12 13-17		Male Female
3	0-12 13-17		Male Female
4	0-12 13-17		Male Female
5	0-12 13-17		Male Female
6	0-12 13-17		Male Female
7	0-12 13-17		Male Female
8	0-12 13-17		Male Female

## Abuse Information

What is your relationship to the abuser?  Dating relationship  Current/ former spouse  Child  Caregiver  
 Stranger/unknown  Other family or household member  Acquaintance  Other \_\_\_\_\_

Abuser's Name: \_\_\_\_\_ Current Location: \_\_\_\_\_

Does the abuser know where you work?  Yes  No  N/A

Within the last 6 months, I have experienced the following:  Financial abuse  
 verbal abuse  psychological abuse  sexual abuse  physical abuse  stalking  elder abuse

Abuse/Incident Date (estimate, if exact date is unknown): \_\_\_\_\_

Have you reported the assault/abuse to the local Police?  Yes  No Police Report Info: \_\_\_\_\_

Is there a protective order currently in place?  Yes  No

Have you filed or would you like to file a protective order?  Yes  No If NO, why? \_\_\_\_\_

\_\_\_\_\_ If YES, what is your scheduled court date: \_\_\_\_\_

Please read or have read to you the following statements. Please acknowledge your understanding of these statements and have the advocate answer any questions you have.

1. I am receiving services from Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program of my own free will.
2. If at any point during my services at the Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program an advocate feels that I am in need of emergency medical attention or emergency mental health attention, I agree to be examined and treated by a physician or mental health professional. I understand that Absentee Shawnee Tribe Domestic Violence/Sexual Assault will not accept responsibility for any expenses incurred.
3. I understand that Absentee Shawnee Tribe Domestic Violence/Sexual Assault advocates are mandatory reporters of child abuse, child neglect, potential suicidal or homicidal tendencies, and any abuse of an elderly or incapacitated adult. These instances over-ride confidentiality.
4. I understand that information related to me, my children and any services received by Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program are protected by State and Federal Laws and are confidential. I understand that at no point shall I release the identity or information of any client or advocate at Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program and if I do so, understand that I may be subject to termination from services and/or legal action.
5. I understand that my services at Absentee Shawnee Tribe Domestic Violence/Sexual Assault Program is determinant upon my ability to follow Absentee Shawnee Tribe rules and the ability to create a non-violent atmosphere free of physical abuse, sexual abuse and verbal abuse. In the event that I violate this statement of understanding, I realize that I will be terminated from services immediately.
6. I understand and agree that I can NOT hold Absentee Shawnee Tribe liable for any injuries sustained by me or my children while receiving services, being transported by Absentee Shawnee Tribe staff or volunteers, or participating in any outdoor or recreational activities. I will NOT hold Absentee Shawnee Tribe liable for any loss of personal property due to theft, disaster, or from a reasonable search and seizure.

\_\_\_\_\_  
Client Signature and/or Authorized Representative Date

\_\_\_\_\_  
AST Advocate Signature Date

