



# CONTACT SHEET

Participant Name (First Name, Last Initial) \_\_\_\_\_

Advocate Initials \_\_\_\_\_ Date of Contact \_\_\_\_\_ Time \_\_\_\_\_

### TYPE of CONTACT

- Crisis Line
- Business Line
- Drop In Center
- Group
- Court
- Other in Person
- Written/E-mail

### LOCATION

- Faribault
- Northfield
- Rural
- Dundas
- Lonsdale
- Morristown
- Nerstrand
- St Olaf
- Carleton
- Out of County
- Unknown

CASE STATUS:  New  Continuing  Renewing, first contact this year (starts July 1)

VICTIM CLASS:  Primary  Secondary

\*\*Note: Children of battered women are PRIMARY victims

GENDER:  Female  Male  Unknown

### AGE:

#### CHILD

- 0-4 years
- 5-12 years
- 13-17 years
- Unknown Child

#### ADULT

- 18-29 years
- 30-44 years
- 45-64 years
- +65 years
- Unknown Adult

Referral from:

### RACE/ETHNICITY:

- African American
- American Indian
- Asian/Pacific Islander
- Caucasian/White
- Chicano/Latino
- Multi-racial
- Immigrant (specify origin)
  - \_\_\_ Mexico/Central & So. America
  - \_\_\_ Africa
  - \_\_\_ Asia
  - \_\_\_ Middle East
  - \_\_\_ Europe
  - \_\_\_ Other/Unknown Immigrant
- Other/Unknown Race

### DISABILITY:

- Blind/Visually Impaired
- Deaf/Hard of Hearing
- Physically Disability
- Developmental Disability
- Mental Illness
- Other(Specify)\_\_\_\_\_

**SERVICES PROVIDED** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Crisis Counseling/Intervention    | <input type="checkbox"/> Personal Advocacy                |
| <input type="checkbox"/> Information and Referral          | <input type="checkbox"/> Emergency Legal Advocacy         |
| <input type="checkbox"/> Criminal Justice Support/Advocacy | <input type="checkbox"/> Assistance with Reparations Form |
| <input type="checkbox"/> Emergency Financial Assistance    | <input type="checkbox"/> Shelter Referral                 |
| <input type="checkbox"/> Group Treatment/Support           |   |
| <input type="checkbox"/> Support during Evidentiary Exam   |   |
| <input type="checkbox"/> Safe Home placement               | <input type="checkbox"/> HRO                              |
| <input type="checkbox"/> Counseling/Intervention           |   |

**PROGRAM TYPE:**       BW       SA       Other/General Information

**TYPE OF VICTIMIZATION:**

**BW** (Check all that apply)

- Domestic Abuse (Physical)
- Domestic Abuse (Emotional/Verbal)
- Child Witness to DV
- Child Abuse
- Child Neglect
- Other BW (specify) \_\_\_\_\_
- Stalking
- Unknown

**SA** (Check only predominant type):

- Adult Sexual Assault
- Adult Abused as a Child - family
- Adult Abused as a Child - other
- Child Sexual Assault - family
- Child Sexual Assault - other
- Sexual Harassment
- Sexual Exploitation
- Stalking
- Exposing
- Obscene Phone Calls
- Internet Crime/Child Pornography
- Unknown
- Other SA (specify) \_\_\_\_\_

**Other Victimization:** \_\_\_\_\_