



# Cherokee Family Violence Center Individual Services Assessment

Name: \_\_\_\_\_ File Number: \_\_\_\_\_ Intake Date: \_\_\_\_\_

## **Section 1: Relationship History**

Abusive Person Name and Relationship:

Describe the history of the relationship?

Describe each of your roles in the relationship?

Have you and your partner ever separated? \_\_\_\_\_ No \_\_\_\_\_ Yes (How many times? \_\_\_\_\_)

What is/was your joint household income? \_\_\_\_\_

### **LAST INCIDENT OF ABUSE**

What was the date of the last incident of abuse? \_\_\_\_\_

What happened? *Attach narrative.*

Were the police called? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you or the other party arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No ( \_\_\_\_\_ Self \_\_\_\_\_ Abuser \_\_\_\_\_ Other)

### **WORST INCIDENT OF ABUSE**

What was the date of the worst incident of abuse? \_\_\_\_\_

What happened? *Attach narrative.*

Were the police called? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you or the other party arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No ( \_\_\_\_\_ Self \_\_\_\_\_ Abuser \_\_\_\_\_ Other)

### **FIRST INCIDENT OF ABUSE**

What was the date of the first incident of abuse? \_\_\_\_\_

What happened? *Attach narrative.*

Were the police called? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were you or the other party arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No ( \_\_\_\_\_ Self \_\_\_\_\_ Abuser \_\_\_\_\_ Other)



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## PREVIOUS AND CURRENT RELATIONSHIPS

Tell me about your childhood?

Tell me about your early dating experiences?

Tell me about your previous relationships?

Who is your support system?

Who in your life causes you conflict/stress?

## PREVIOUS ABUSE/TRAUMA HISTORY

Have you experienced domestic violence from more than one person?

\_\_\_\_\_yes \_\_\_no

If yes, who was it, and what was the relationship?

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Have you had a Temporary Protective Order against another person?

\_\_\_\_\_yes \_\_\_\_\_no

As a child, were you ever touched sexually against your will or forced to have sex or engage in sex acts with an older person? (child sexual abuse) \_\_\_\_\_yes \_\_\_\_\_no

As a child, were you ever beaten, kicked, punched, choked, or in any other way physically harmed by an adult caretaker? (child physical abuse)\_\_\_\_\_yes \_\_\_\_\_no

As an adult, were you ever touched sexually against your will or forced to have sex or engage in sex acts with another person? (adult sexual assault or rape) \_\_\_\_\_yes \_\_\_\_\_no

### **Have you experienced any of the following?**

*Please check all that apply*

Serious natural disaster (such as a flood, tornado, earthquake)

Serious accident (such as a car accident, explosion, or fire)

Witnessing a violent crime

Homelessness

Combat/exposure to a war zone

Physical assault/mugging by a stranger

Home invasion

Assault with a weapon (for example, being shot, stabbed, threatened with a weapon)

Kidnapping



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Foster home placement as a child/separation from primary caretaker  
Placement of your children in foster care or out of the home  
Life threatening illness or injury  
Sudden, unexpected death of someone close to you  
Other stressful even or experience

### **Section 2: Children**

Tell me about your children?

How are your children doing?

What do you love about your children?

Is there anything you worry about with your children?

Is there anything in your relationship with your children that you don't like, or want to improve?

What do you want for your children?

1. Have the children attended therapy/counseling in the past 12 months?

Yes (number of months \_\_\_\_\_)

No

2. Do the children have health insurance?

Medicaid

Wellcare

Peachstate

Amerigroup

Peachcare

Private insurance

No

3. Do your children participate in any extra curricular activities?

Yes (What are they? \_\_\_\_\_)

No



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4. Do you have any of the following concerns with your children?

Fights/ Aggression	Defiance	Drugs/ Alcohol	Theft	Destruction Of Property
Victim of Bullying	Perpetration Of Bullying	Sex	Attendance at School	Detention/ Suspension at School
Depression/ Sadness	Suicide	Anger	Anxiety	Isolation
Fear	Problems with Abusive Parent	Problems with Absent Parent	Grades at School	Other

### **Section 3: Personal Healing**

Do you have any spiritual/religious affiliation?

Do you have any spiritual practices?

1. What is the overall condition of your health?

- Excellent
- Good
- Fair
- Poor

2. Are you taking any medications as prescribed?

- Yes (list medications \_\_\_\_\_)
- I am supposed to take medications, but I do not take them.
- No medications prescribed

3. Have you participated in any counseling/ therapy?

- Yes (when? \_\_\_\_\_ number of months \_\_\_\_\_)
- No

4. Have you participated in any treatment for any substance abuse issues?

- No substance abuse issues.
- I do have or have had substance abuse issues, but have not obtained treatment.
- Yes (please choose all that apply)
  - Detox (when? \_\_\_\_\_ number of months \_\_\_\_\_)
  - Inpatient/rehab (when? \_\_\_\_\_ number of months \_\_\_\_\_)
  - Outpatient (when? \_\_\_\_\_ number of months \_\_\_\_\_)



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12 Step (when? \_\_\_\_\_ number of months \_\_\_\_\_)

5. What was your score on the Domestic Violence/Healthy Relationships pre-test? \_\_\_\_\_

Are there any topics you want more information on?

## Section 4: Financial

1. Do you have a source of income?

Yes

No

### **Income sources and monthly amounts.**

Type:	Monthly Amount:	Number of Months
Employment		
SSI/SSDI		
Child Support		
Alimony		
TANF		
Other		

**Total Monthly Income** \_\_\_\_\_

**Total past 12 months income (without abuser)** \_\_\_\_\_

2. Have you been able to maintain employment or personal income for the past 9 out of 12 months?

Yes

No

### **Previous 2 years employment history.**

Place	Dates Employed	Earnings	Why Left



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3. Have you had a checking/savings account in the last 12 months?  
Yes  
No
4. Do you have any money in savings?  
Yes (How much? \_\_\_\_\_)  
No
5. Do you receive any of the following public benefits?  
Food Stamps  
Medicaid  
Child Care Assistance (CAPS)
6. Have you applied for or do you receive TANF (Temporary Aid to Needy Families)?  
Please choose which statement is true for your situation:  
I have not applied for TANF.  
I am in the TANF application process, but have not received benefits yet.  
I am receiving TANF benefits.  
I applied for TANF but was denied for the following reason:  
\_\_\_\_\_
7. Do you have health insurance?  
Yes  
No
8. Do you have a valid Georgia driver's license?  
Yes  
No
9. What is your means of transportation?  
Paid off vehicle (How many months have you had this vehicle? \_\_\_\_\_)  
Vehicle with payments  
How many months have you had this vehicle? \_\_\_\_\_  
What is the monthly payment on this vehicle? \_\_\_\_\_  
Borrowed vehicle  
Public transportation  
Walk/ride bike  
None



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10. Have you looked at your credit reports in the last 12 months?  
Yes  
No
11. Have you paid off any debt in the last 12 months?  
Yes  
No
12. What is your credit score? \_\_\_\_\_
13. Have you developed a written spending plan/budget in the past 12 months?  
Yes  
No
14. Do **follow** a spending plan/budget (in the past 12 months?)  
Yes  
No
15. Have you completed any type of financial literacy course?  
Yes (which one? \_\_\_\_\_)  
No
16. What is your childcare situation?  
N/A  
I have childcare I can afford and it is \_\_\_\_\_  
I do not have any childcare options I can afford.

## **Section 5: Housing**

1. Where are you currently living?  
My own home, without abuser  
My own home, with abuser  
Friends/family (not paying rent)  
Friends/family (paying rent)  
Homeless shelter  
Domestic violence shelter  
Homeless



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2. What is your housing history for the past two years?

Where did you live?	How long did you live there?	With whom did you live?	What was the rent?	Why did you leave?

3. Do you owe any money to Georgia Power?

Yes (How much do you owe? \_\_\_\_\_ )

No

4. Have you ever been legally evicted through a court process?

Yes (How many times? \_\_\_\_\_ )

No

5. Do you owe any money to a housing authority?

Yes (How much money? \_\_\_\_\_ )

No

## **Section 6: Education/Training**

1. Have you earned a secondary school diploma?

GED

High School Diploma

No

2. Have you completed a post-secondary school program or certification program?

4 year degree

2 year degree/associates degree

Certification

Graduate degree

Technical school certificate or diploma

No





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3. Have you attended school/training in the past 12 months?

Type of Program	Number of Months Attended
GED classes/ High School	
ESL	
College/Post-secondary School	
Certification/Training Program	
Other	
No	

4. Do you owe any student loans?

Yes (how much? \_\_\_\_\_)

No

## **Section 7: Legal**

1. What is your marital status?

Never married

Married, want a divorce, no divorce action at this time.

What is the barrier? \_\_\_\_\_

Divorced before coming to transitional housing

Filed for divorce in the past 12 months (not finalized)

Finalized divorce in the past 12 months

2. Have you obtained a TPO in the past 12 months?

Yes

No

3. What is the custody situation with your children?

4. Have the father (s) of the children legitimated the children?

Yes, all children are legitimated.

At least one child is not legitimated.

No children have been legitimated.

N/A

5. Do you receive child support for each child?

Yes, without a child support enforcement case.

Number of months child support was received \_\_\_\_\_



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Yes, with a child support enforcement case.

Number of months child support was received \_\_\_\_\_

No, and I do not have a child support enforcement case.

No, and I do have a child support enforcement case.

N/A

6. Have you been arrested in the last 12 months?

Yes

No

If yes, what were the charges? \_\_\_\_\_

If yes, what was the resolution? \_\_\_\_\_

7. Have you completed probation and paid fines and/or restitution in the past 12 months?

Yes

No

N/A

8. Have you ever been convicted of a felony?

Yes (Charges and dates \_\_\_\_\_)

No

9. Have you had a Child Protective Services case with DFCS in the past 12 months?

Yes

No

If yes, who is/was your case worker? \_\_\_\_\_



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### Section 9: Resources

What are the resources you currently have available to you?

health/mental health

financial/employment

emotional support

transportation

education

children

housing

other \_\_\_\_\_



# Cherokee Family Violence Center Individual Services Assessment

## Transitional Housing Move-In Planning (Advocate Copy)

Task/Goal	Date Completed
1. I have obtained an income that is adequate to meet my needs in transitional housing.	
2. I have completed a spending plan that will allow me to pay my bills/meet my financial responsibilities in transitional housing. <i>Attach spending plan.</i>	
3. If needed, I have applied for assistance programs such as Food Stamps, Medicaid, CAPS, TANF, Child Support Enforcement, assistance with baby supplies (Hope Center), etc.	
4. I have pulled my credit report and learned my credit score. I have also verified my eviction history.	
5. I have developed a childcare plan (if applicable). <i>Attach childcare plan.</i>	
6. I have developed a plan for transportation in the transitional housing apartments.	
7. I have the documents I need to apply for an apartment: A. \$15 money order for application fee B. Birth certificates for myself and my children. C. Social security cards (nonresidents must have an Alien Residence Number or a Tax Identification Number) D. Proof of income	
8. I have made a plan for paying any past-due balance with Georgia Power.	
9. I have made a list of furniture and household items I need to set up my new apartment, and I have developed a plan for obtaining these needed items. <i>Attach list.</i>	
10. I have a plan for paying my move-in costs, which will include a security deposit with Georgia Power and first month's rent, as well as the costs for turning on any optional utilities (such as cable, home phone, or internet).	
11. I have developed a plan for moving my belongings into my apartment.	
12. I have received and reviewed the Hearthstone Landing Resident's Manual and asked any questions that I may have. I understand what services are available to me as a participant in the Transitional Housing Program at CFVC.	
13. I have identified some of the goals I want to work toward while in transitional housing, and I have discussed these goals with my advocate. <i>Attach goals.</i>	



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## Transitional Housing Move-In Planning (Survivor Copy)

Task/Goal	Date Completed
1. I have obtained an income that is adequate to meet my needs in transitional housing.	
2. I have completed a spending plan that will allow me to pay my bills/meet my financial responsibilities in transitional housing. <i>Attach spending plan.</i>	
3. If needed, I have applied for assistance programs such as Food Stamps, Medicaid, CAPS, TANF, Child Support Enforcement, assistance with baby supplies (Hope Center), etc.	
4. I have pulled my credit report and learned my credit score. I have also verified my eviction history.	
5. I have developed a childcare plan (if applicable). <i>Attach childcare plan.</i>	
6. I have developed a plan for transportation in the transitional housing apartments.	
7. I have the documents I need to apply for an apartment: A. \$15 money order for application fee B. Birth certificates for myself and my children. C. Social security cards (nonresidents must have an Alien Residence Number or a Tax Identification Number) D. Proof of income	
8. I have made a plan for paying any past-due balance with Georgia Power.	
9. I have made a list of furniture and household items I need to set up my new apartment, and I have developed a plan for obtaining these needed items. <i>Attach list.</i>	
10. I have a plan for paying my move-in costs, which will include a security deposit with Georgia Power and first month's rent, as well as the costs for turning on any optional utilities (such as cable, home phone, or internet).	
11. I have developed a plan for moving my belongs into my apartment.	
12. I have received and reviewed the Hearthstone Landing Resident's Manual and asked any questions that I may have. I understand what services are available to me as a participant in the Transitional Housing Program at CFVC.	
13. I have identified some of the goals I want to work toward while in transitional housing, and I have discussed these goals with my advocate. <i>Attach goals.</i>	