

Hope House Intake

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

Relationship to Children: Mother Father Other: _____
 Custodial Parent Non-Custodial Parent

Race: _____ DLN: _____ Male Female
Height: _____ Weight: _____ Eyes: _____
Hair: _____ Language: _____

Emergency Contact:
Name: _____ Phone: _____ Relationship: _____

Place of Employment:

Name: _____ Address: _____
Phone: _____ Supervisor/Manager: _____
Hours per week: _____
Schedule: _____

Name: _____ Address: _____
Phone: _____ Supervisor/Manager: _____
Hours per week: _____
Schedule: _____

Schooling:

Name: _____ Address: _____
Hours per week: _____ Schedule: _____
Cost: _____

Other Obligations (partner abuse intervention, anger management, parenting, etc.): _____

*All places of employment, schooling, obligations, and schedules are verified.

Vehicle Make _____ Model _____ Year _____
Color _____ License Plate #: _____
Proof of Insurance: Yes No Proof of License: Yes No

Client Signature Date

Witness Date

PLEASE ATTACH COPIES OF LICENSE & INSURANCE TO THE BACK OF THIS PAGE.

DANGER ASSESSMENT

Jacquelyn C. Campbell, PhD, RN, FAAN
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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)

Mark Yes or No for each of the following.

("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has the physical violence increased in severity or frequency over the past year?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does he own a gun?
<input type="checkbox"/>	<input type="checkbox"/>	3. Have you left him after living together during the past year? 3a. (If have never lived with him, check here <input type="checkbox"/>)
<input type="checkbox"/>	<input type="checkbox"/>	4. Is he unemployed?
<input type="checkbox"/>	<input type="checkbox"/>	5. Has he ever used a weapon against you or threatened you with a lethal weapon? 5a. (If yes, was the weapon a gun? <input type="checkbox"/>)
<input type="checkbox"/>	<input type="checkbox"/>	6. Does he threaten to kill you?
<input type="checkbox"/>	<input type="checkbox"/>	7. Has he avoided being arrested for domestic violence?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you have a child that is not his?
<input type="checkbox"/>	<input type="checkbox"/>	9. Has he ever forced you to have sex when you did not wish to do so?
<input type="checkbox"/>	<input type="checkbox"/>	10. Does he ever try to choke you?
<input type="checkbox"/>	<input type="checkbox"/>	11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, "crack", street drugs or mixtures.
<input type="checkbox"/>	<input type="checkbox"/>	12. Is he an alcoholic or problem drinker?
<input type="checkbox"/>	<input type="checkbox"/>	13. Does he control most or all of your daily activities? (For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: <input type="checkbox"/>)
<input type="checkbox"/>	<input type="checkbox"/>	14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
<input type="checkbox"/>	<input type="checkbox"/>	15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: <input type="checkbox"/>)
<input type="checkbox"/>	<input type="checkbox"/>	16. Has he ever threatened or tried to commit suicide?
<input type="checkbox"/>	<input type="checkbox"/>	17. Does he threaten to harm your children?
<input type="checkbox"/>	<input type="checkbox"/>	18. Do you believe he is capable of killing you?
<input type="checkbox"/>	<input type="checkbox"/>	19. Does he follow or spy on you, leave threatening notes or messages on answering machine, destroy your property, or call you when you don't want him to?
<input type="checkbox"/>	<input type="checkbox"/>	20. Have you ever threatened or tried to commit suicide?
<input type="checkbox"/>	<input type="checkbox"/>	Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

Danger Assessment Attachment

Please provide a description of the first incidence of violence:

Please provide a description of the most recent incidence of violence:

Have the children witnessed the violence? Yes No

Have the children made any attempts to stop the violence: Yes No

Have the children been threatened? Yes No

Hit? Yes No

Hurt? Yes No

Has your family been known to any child protection agencies?

Yes No If Yes, please list the agencies and what services were needed:

Has your family been known to law enforcement/police?

Yes No If Yes, please list the cities and what services were needed:

CHILD INTAKE FORM

Child's Name: _____ Date of Birth: _____

Age: _____ Male Female

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Scars or Distinguishing Marks: _____

Allergies: _____

Medications: _____

Medical/Developmental Conditions: _____

School Name: _____

School Address: _____

School and Extra Curricular Activity Schedule: _____

Child Safety Seat Required: Yes No

(attach current photo of child below)



Main Office

Ottawa, IL 61350
424 W. Madison Street
815.433.3953
Fax 815.433.3980
TDD 815.431.3001
www.ysbiv.org

Aurora, IL 60505
1700 N. Farnsworth
Suite 18
630.820.6303
Fax 630-820-6306

Elgin, IL 60120
40 Dupage Court
Suite 400
847.468.0454
Fax 847.468.0456

Glen Ellyn, IL 60137
800 Roosevelt Rd.
Suite 102, Building E
630.474.9600
Fax 630.474.0019

La Salle, IL 61301
12 Gunia Drive
815.223.4151
Fax 815.223.4155

Mendota, IL 61342
1007 Main Street
815.539.2317
Fax 815.539.9406

Princeton, IL 61356
1702 1/2 W. Peru St.
P.O. Box 516
815.872.2119
Fax 815.872.2099

Rockford, IL 61101
308 W. State St.
Suite 475
815.316.1977
Fax 779.221.3098

The Kids' Place
901 Grant Street
La Salle, IL 61301
815.224.4244
Fax 815.224.4310

AUTHORIZATON TO RELEASE/EXCHANGE INFORMATION

Re: _____ DOB: _____

I authorize the Youth Service Bureau of Illinois Valley

Check one:

- To release to _____
To exchange with _____

The following information (specify nature of information):

The purpose of this release is:

To exchange information and to coordinate services.

This release is valid for a period of twelve (12) months and will expire on:

Date

I have the right to inspect a copy of the information to be released/exchanged. I may revoke this authorization at any time by signing below or by written request.

Refusal to authorize this release may severely limit the ability of the Youth Service Bureau of Illinois Valley, Inc. to render efficient services and may result in termination of services.

RELEASE AUTHORIZED:

Signature of Client _____ Date _____

Signature of Parent/Guardian _____ Date _____

Witness _____ Date _____



"Helping young people and families succeed by serving them in their home, school and community"



RELEASE REVOKED:

Signature of Client

Date

Signature of Parent/Guardian

Date

Witness

Date

NOTICE TO AGENCY INDIVIDUAL: Under the provisions of the Illinois Mental Health & Developmental Disabilities confidentiality Act, you may not disclose any of this information unless the person who consented to this disclosure specifically consents to such redisclosure.

Under the Federal Act of July 1, 1975, Confidentiality of Alcohol and Drug Abuse Patient Records, no such records, nor information from such records may be further disclosed without specific authorization for such redisclosure.

STATISTICS

Gender:

- Female Male

Race:

- Asian American Indian or Alaskan Native
 Black/African American Latino/Hispanic
 Pacific Islander White Other: _____

Marital Status:

- Divorced Married Separated Single Widowed

Religion:

- Catholic Jewish Muslim Protestant None Other: _____

Educational Level:

- Associates Degree Bachelors Degree Doctorate General Education Diploma
 Graduated High School or last grade completed: _____
 Masters Degree Some college

Language:

- English Spanish Other: _____

Annual Income:

- Under \$5,000 \$5,000-\$9,999 \$10,000-\$14,999 \$15,000-\$24,999
 \$25,000-\$34,999 \$35,000-or more

Basis for Referral (does not need a court or DCFS finding). Please check all that apply.

- Visitation is by and between parents

AND

There has been a history of

- domestic violence sexual violence stalking child abuse
 by the father by the mother against the other parent against the child

Other relevant information:

- father has failed to comply with court orders mother has failed to comply with court orders
 father does not speak appropriately with the child(ren)
 mother does not speak appropriately with the child(ren)
 father has been absent from the child(ren)'s life
 mother has been absent from the child(ren)'s life

Because: _____

- father is a flight risk with the child(ren) mother is a flight risk with the child(ren)
 father abuses substances mother abuses substances

There is an Order of Protection against the father mother

PROGRAM RULES AND EXPECTATIONS OF CONDUCT

Please read the following rules, and then sign your initials in the space provided. This indicates that you have received, read and agreed to comply with these expectations. When you have completed this form, you will be given a copy of it and one will be placed in your file.

The following rules apply to all people using Hope House services:

- _____ Parties will be offered available time slots that are not currently being used by other families when determining visit/exchange schedule. This may be different than the times or days specified on the court order. One, or both, parents may be required to adjust their personal or work schedule.
- _____ Hope House observes and is closed on the following holidays: New Year's Day, Easter Sunday, Independence Day (July 4th), Thanksgiving Day, and Christmas Day. Visitation will not occur on these days. Court ordered exchanges will occur at the local police department.
- _____ Parties shall arrive punctually at the arranged times for the start and end of visits and exchanges. There is a grace period of 10 minutes. Being more than 10 minutes late will result in a parent being indicated as late. Repeated times late may result in contacting the court or the termination of services.
- _____ Parties will also not arrive at the visit site more than 5 minutes prior to their designated time to avoid contact with the other parent and to ensure Hope House has available rooms to provide service. Repeated times early may result in contacting the court or the termination of services.
- _____ Except in unavoidable emergency (e.g., sudden illness or a car accident), the relevant parents will inform Hope House as soon as possible, and at least 24 hours in advance, if a visit or exchange must be cancelled. Without adequate notice, the party who failed to give sufficient notice will be charged the visitation fee.
- _____ Visitations/exchanges that are cancelled by parents are not made up or re-scheduled for a different time. Once a visit/exchange has been cancelled, the cancelling party may not demand that time back if their schedule now allows for it. Cancellations become effective immediately.
- _____ If the non-custodial or visiting parent cancels three visitations/exchanges in a row, or has a pattern of cancelling visits, services may be suspended until this parent meets with the Program Manager in person to discuss the continuation of services. If a custodial parent cancels three visitations/exchanges in a row, or has a pattern of cancelling visits, participating lawyers and the court will be notified of non-compliance.
- _____ Hope House can cancel a visitation/exchange at any time. If a visitation is cancelled due to weather or road conditions, that visitation is not guaranteed to be rescheduled.
- _____ Parents agree that they will remain separate (physically, visually, and audibly) so that contact between them does not occur, unless otherwise court ordered.
- _____ Arrival and departure times of the residential and non-residential parents will be at different times so that they may avoid contact with one another. One parent will arrive 15 minutes prior to the time of the visit/exchange. The other parent (typically the parent at risk or the parent who petitioned for the order of protection) will arrive at the exact time of the exchange/visit and then immediately depart. The other parent remains 15 minutes after the visitation/exchange has taken place.

- _____ Parties are to leave the premises immediately, no loitering once an exchange/visit has taken place. No loitering within visual distance of the visitation site.
- _____ Unless otherwise ordered by the court, only the non-residential parent is permitted to visit. If the residential parent agrees, guests may be permitted to visit; Hope House reserves the right to deny any and all guests.
- _____ No participant may follow or harass another party before or after a supervised visit or exchange. In addition, a third party may not be used to follow or harass another party.
- _____ Weapons and other dangerous implements of any kind may not be brought to Hope House at any time. Parties are subject to search.
- _____ Neither alcohol nor illegal substances are permitted on Hope House property. In addition, participants shall not use illegal substances or alcohol before or during supervised visitations. If the visiting parent is suspected of being under the influence of alcohol or drugs, the visit may be terminated.
- _____ Neither parent will be allowed to transport a child(ren) while under the influence of alcohol or any other substance.
- _____ No client may make any threat of violence during a supervised visit or exchange, nor threaten Hope House personnel at any time.
- _____ No adult may physically discipline, or threaten to physically discipline, a child at Hope House.
- _____ During supervised visits, the visiting parent is in the presence of the visitation monitor at all times when the children are present, including when the child goes to the restroom. The visiting parent may not accompany the child to the bathroom without Hope House personnel present. In situations involving allegations of child sexual abuse (even if not confirmed), the non-residential parent may not accompany the child to the bathroom nor be responsible for changing diapers.
- _____ Neither parent may make negative comments to the child or in front of the child about the other parent, his/her family members, or his/her partner.
- _____ Both parents will refrain from:
- Questioning the child(ren) about the other parent's activities, address, or work.
 - Talking about adult issues such as court or social services.
 - Making promises of future living arrangements.
 - Sending messages through the child(ren) to the other parent.
 - Roughhousing or excessive tickling and forced affection.
 - Bringing up past events that may cause the child(ren) to feel bad. No whispering.
 - Mentioning violent or sexual topics.
 - Any violent behavior, cussing, or vulgar language.
- _____ Cell phones are not to be used during visitations.
- _____ Gifts are only allowed for birthdays and holidays, and need the prior approval of Hope House staff.

- _____ The visiting parent is responsible for the visitation room being kept tidy after the visit by putting all toys away, and cleaning up after a snack or meal.
- _____ Both parents will advise Hope House of any changes in the court order or Order of Protection that affect visitation/exchange.
- _____ It is the responsibility of each parent to keep Hope House advised of all changes in address (both mailing and residential) and telephone numbers.
- _____ Each parent will review the conditions and rules and sign them in the presence of Hope House staff thereby demonstrating an understanding and willingness to comply. The conditions/rules may be reviewed every three months with the parents by Hope House staff.
- _____ Parents must have a child safety seat as required by law before child(ren) can get into their car(s).