



Family Violence Prevention Department

126 E. 6th Street
 Pawhuska, OK 74056
 Phone: (918) 287-5422
 Fax: (918) 287-1096

INTAKE FORM

I. Client Information

Last Name:		First Name:		MI:	Maiden Name:	Nickname:
Street Address or PO Box:		City:		State:	Zip Code:	Date of Birth:
Telephone:	Alternate Telephone:	May we contact you at either phone? <input type="checkbox"/> Yes <input type="checkbox"/> No		Email Address:		
Ethnicity:	Tribe:	Membership or Roll No.:		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Stat	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	Military History:				
Employer:				Employer Phone:		Annual Income:
Social Security No.:		Gender Identity: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/>				

Has client ever received services from a Domestic and/or Sexual Violence Agency?

Yes No

If yes, where and when? _____

Are you currently pregnant? Yes No Possible

If yes, how many months? _____ Due Date: _____

OB/GYN Name: _____

Are you experiencing any complications? Yes No

If yes, please explain: _____

Referrals

Who referred you?

- Self Family member/friend (significant other) Employer
 Law Enforcement Attorney Court Hospital Religious Organization/Clergy

- Therapist/Counselor/Mental Health District Attorney's Office/Victim's Witness Coordinator
Department of Human Services (Child Support, Child Welfare or TANF)
School: _____ Other: _____

Is client interested in a referral for legal services at no expense? Yes No

Physical Description of client:

Height _____ ft./ _____ in. Weight _____ lbs. Eye Color _____ Hair Color _____

Tattoos/Scars: _____

Other distinguishing characteristics (birthmarks, etc.): _____

II. Family/Relationship Information

List all members of the household and/or family below:

Full Name	DOB	Ethnicity	Male/Female	Grade	With whom do they live?
Self			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input checked="" type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		
			<input type="checkbox"/> M <input type="checkbox"/> F		

Current living arrangement (with abuser, parents, friends, relatives, etc.): _____

List all relationships/marriages below:

Name	Length of Relationship	Are you still in the relationship?	Was the relationship abusive?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are there any outstanding warrants for the perpetrator? Yes No Unknown

If yes, in which county? _____

Does the perpetrator have weapons? Yes No Unknown

If yes, please describe: _____

Is the perpetrator enrolled in a batterers program? Yes No

Has the perpetrator been treated for mental illness? Yes No

Does the perpetrator have a history of drug/alcohol use? Yes No

If yes, what is his/her drug of choice? _____

IV. Presenting Problem

Date of last incident: _____

Please describe the history of the abusive relationship: _____

How long has the abuse been occurring? _____

Were you ever strangled, choked or anything that made it hard for you to breath? Yes No

Loss of Consciousness? Yes No Loss of Memory? Yes No

Loss of bodily function? Yes No

Type of abuse (check all that apply):

Physical Emotional Psychological Sexual Verbal Stalking

Financial/Economic Isolation Cultural Other If other, please describe: _____

Type of abuse in previous relationships (check all that apply):

Physical Emotional Psychological Sexual Verbal Stalking

Financial/Economic Isolation Cultural Other If other, please describe: _____

Type of weapon used in last incident:

Firearm Knife Hands Feet Car Other

If other, please describe: _____

Were the police called? Yes No Report Filed

Name of law enforcement agency: _____

Name of officer(s): _____

Was medical attention required for injuries sustained from abuse? Yes No

How many family violence incidents were the police involved in? _____

Have you suffered from childhood sexual abuse? Yes No Declined to answer

When? _____

By whom? _____

Were there injuries or medical care resulting from the abuse? Yes No

Have you suffered from adult sexual abuse? Yes No Declined to answer

When? _____

By whom? _____

Were there injuries or medical care resulting from the abuse? Yes No

V. Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Email: _____

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Email: _____

I have been advised by the Osage Nation Family Violence Program staff that in the case that I or my child (ren) may have need of medical attention while receiving services, transportation can be provided for me to the nearest medial facility which provides emergency medical care. In the case that I refuse to seek medical care, I release the Osage Nation Family Violence Program, and the Osage Nation, from all liability resulting from my decision not to seek medical attention. I have also been made aware that withholding medical treatment to a child may be construed as child abuse or neglect and will be reported to the Oklahoma Department of Human Services and/or the Osage Nation Social Services Department.

In the case that I agree to seek medical attention, I agree to allow Osage Nation Family Violence staff member(s) or volunteer(s) transport me to the nearest medical facility. If I am incapacitated, I agree to allow Osage Nation Family Violence staff member(s) or volunteer(s) to transport my child (ren) to the nearest medical facility. I release the Osage Nation Family Violence Program, and the Osage Nation, from all liability resulting from an emergency situation.

In exchange for services through the Osage Nation and the Osage Nation Family Violence Program, of 126 E. 6th Street, Pawhuska, OK 740565 I agree to the following:

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Osage Nation, the Osage Nation Family Violence Program, or the employees, representatives or agents of Osage Nation and the Osage Nation Family Violence Program.

I assume full responsibility for personal injury, and further release and discharge Osage Nation and the Osage Nation Family Violence Program for injury, loss or damage arising out of my presence upon the facilities of Osage Nation and the Osage Nation Family Violence Program, whether caused by the fault of myself, Osage Nation and Osage Nation Family Violence Program or other third parties.

I agree to indemnify and defend Osage Nation and Osage Nation Family Violence Program against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my presence upon the facilities of the Osage Nation and the Osage Nation Family Violence Program.

I agree to pay for all damages to the facilities of the Osage Nation and the Osage Nation Family Violence Program caused by any negligent, reckless, or willful actions by me.

Any legal or equitable claim that may arise from participation in the above shall be resolved under Osage law.

I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire.

The undersigned hereby expressly recognizes that the benefit sought or presently enjoyed by the undersigned from the Osage Nation government, to wit: Osage Nation Family Violence Program services is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance or continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further regardless of whether the undersigned is of Indian or non-Indian blood, descent or legal character, the undersigned hereby stipulates and agrees that jurisdiction over all matters and disputes

arising out of exercise of such a benefit and privilege shall vest in the Osage Nation Trial Court. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Trial Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

The information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

I understand that my information may also be released under the following circumstances:

- Suspected physical or sexual abuse of a child or incapacitated adult
- Client is a danger to himself/herself or others
- Court order
- Medical emergency while at an Osage Nation property

Applicant Signature

Date

Staff Signature

Date

Information has been supplied by someone other than the client

Name: _____ Relation to client: _____

Address: _____

Phone: _____



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FOR OFFICE USE ONLY

Intake performed by (print): _____

Action: _____

Referrals: _____

Contacts: _____

E.P.O Granted: Yes No

Final PO Granted: Yes No

Court Date: _____

Other: _____