

### 3. DOMESTIC VIOLENCE

#### IMMEDIATE SAFETY & POLICE REPORTING:

What is your current location? Chattanooga-homeless Are you safe there? No

Have you called the police? Yes or, Would you like help contacting police? N/A

"It is ok if you don't want to."

Do you have any current Orders of Protection? No Are you interested in that? Yes

#### ABUSER INFORMATION:

Name of person using violence? H. J. DoB: 9/21/89

Relationship to this Person? husband Phone #: N/A Race/Eth: white

Where is this person now? unsure Where does this person live? N/A

Is there any known gang affiliation? No Do you know which gang? N/A

Has he/she ever used gang affiliation to threaten or intimidate you? N/A

#### CURRENT VIOLENCE:

When was the last incident of violence? 3 days ago ; 4/21/24

What happened? He found her and threatened her. He also hit her.

Where did this occur? 1<sup>st</sup> street, Chattanooga

Did strangulation occur? Yes Was a weapon used? no What type? N/A

How long has this person been abusive to you? 3 years.

Have you ever been hospitalized due to domestic violence? Yes Describe: broken arm.

Do you live with this person? No Do you have a safe place to stay? No

Are there Secondary Victimitizations (e.g. theft, property damage, hx of abuse as a child, human trafficking, etc.)?  
N/A

Would you like a Forensic Exam to document any visible injuries (must be within 2 weeks)? Yes.

If YES, say "I will have someone reach out to you to schedule that." Make sure we have the best phone number for them and that it is ok to leave a message.

DANGER ASSESSMENT			
Yes	No	Item #	Assessment Questions
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1	Has the physical violence increased in severity/frequency over the years?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	Does your partner own a gun?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	3	Have you left your partner after living together during the past year?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	Is your partner unemployed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	5	Has your partner ever used a weapon against you or threatened you with a lethal weapon?
***	***	***	If yes, please list the weapon:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	Does your partner threaten to kill you?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	Has your partner avoided being arrested for domestic violence?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	Do you have a child that is not by your partner?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	9	Has your partner forced you to have sex when you do not wish to do so?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	Does your partner ever try to choke you?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	11	Does your partner use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	Is your partner an alcoholic or problem drinker?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	13	Does your partner control most or all of your daily activities? "For instance, does your partner 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?"
<input checked="" type="checkbox"/>	<input type="checkbox"/>	14	Is your partner violently and constantly jealous of you? For instance: do they say, "If I can't have you then nobody can."
<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	Have you ever been beaten by your partner while you are pregnant?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	16	Has your partner ever threatened or tried to commit suicide?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	17	Does your partner threatened to harm your children?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	18	Do you believe your partner is capable of killing you?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	19	Does your partner follow or spy on you, leave threatening notes or messages on answering machine, destroy property, or call you when you don't want them too?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	20	Does your partner threatened to harm your pets?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	21	Have you ever threatened or tried to commit suicide?
			<b>Total "YES" Answers</b>

\* THIS IS JUST A SCREENING TOOL; IT DOES NOT MEAN THAT IF ONE DOES NOT SCORE HIGH THEY WILL NOT COME INTO SHELTER.

\* CONSIDER WHETHER IT IS INTIMATE PARTNER VIOLENCE OR FAMILY VIOLENCE; IF FAMILY VIOLENCE, OMIT QUESTION 8 & SOMETIMES 9 DEPENDING ON IF IT IS SEXUAL VIOLENCE AND AVERAGE OUT OF NEW TOTAL QUESTIONS ANSWERED.

\* OMIT QUESTIONS 8, 15, & 17 IF CALLER DOES NOT HAVE KIDS AND AVERAGE OUT OF NEW TOTAL QUESTIONS ANSWERED.

\* OMIT QUESTION 20 IF CALLER DOES NOT HAVE PETS AND AVERAGE OUT OF NEW TOTAL QUESTIONS ANSWERED.

**Please Circle Level of Danger**

Level 1 (High) 14 and above

Level 2 (Moderate) 7-13

Level 3 (Minimum) 0-6

**SHELTER INFO/COMMUNAL LIVING ASSESSMENT:**

Are you currently seeking safe shelter? Yes If YES, complete *Shelter Info & Danger Assess Sections*.

If NO, explore other services that might be helpful (e.g. Court Advocacy, Counseling, DV Exam, etc.).

This section is to be completed for anyone seeking shelter, even if that not with us. This will help in determining suitable referrals if they are not appropriate to come into our shelter or if we do not have space.

Do you have children that will need shelter with you?  YES  NO

CHILD'S NAME	SEX	DATE OF BIRTH
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Do you or any of your children have a disability for which you need accommodations? YES  NO

Describe: N/A

Are you able to walk up and down several flights of stairs? YES  NO

Are you able to cook, clean, and provide daily care for yourself (and your children)? YES  NO

Are you in need of a therapeutic or clinical environment for your mental health, physical health, or drug and alcohol needs? (Describe Needs Below). YES  NO

Do you have any Pets that will need shelter with you? YES  NO  Is this a service animal? YES  NO

*Refer to current McKamey Policy for protocol on pet entry.*

Do you have your own transportation? YES  NO  If not, do you have a way to get here? YES  NO

**NOTES:**  
N/A  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SHELTER APPROVAL INFORMATION:**

All individuals must be approved to come into shelter by a Lead or Program Manager. Review the assessment information above with the appropriate supervisor. If after business hours, contact the Lead on-call.

Was this individual Approved to enter Safe Shelter? Yes

Which Lead/PM approved this entry? Carmen H.

**EXPLAIN TO THE INDIVIDUAL COMING IN:**

- Personal belonging limitations:
  - No more than one 30-gallon container (about the size of a large garbage bag) of personal belongings per person, not to exceed three bags total per family.
  - Your belongings will have to go through our hot box when you arrive – this is a precautionary measure.
- No drugs, alcohol, or paraphernalia are allowed on premises – make sure these items are not in your belongings when you arrive.
- Do not disclose where you are going to anyone (unless they are bringing you and you intend to list them as one of your two safe people).
  - o You will be able to list two safe people in your paperwork with us when you arrive.
  - o If your abuser becomes aware of your location, we will need to relocate you for your safety and for the safety of other residents.

**Denial means they were seeking shelter but could not enter our safe shelter. If the person was not seeking shelter, "Denial" does not apply.**

Was this individual Denied shelter? YES  NO

Reason for Denial: (Check all that apply and make appropriate notes)

- Shelter is Full \_\_\_\_\_
- Abuser knows location \_\_\_\_\_
- Not an abusive situation \_\_\_\_\_
- Homeless (No current DV) \_\_\_\_\_
- Other: \_\_\_\_\_

OTHER NOTES: NIA