

Client ID:	
Today's Date:	

## Intake/Needs Assessment Opening Doors Inc. \_\_\_ DOB:\_\_\_\_\_

Client Name: _		DC	DΒ <u>:</u>				
Sex: Country Enrollment Stat	of Origir us: I	n:Enrollm Pre-certified	ient Da Cei	te <u>:</u> tified	_Derivati	ve	
Current Address: Telephone number	er(s):						
			CHILD	REN			
First Name	L	ast Name		DOB		Location	
							_
Emergency Cont	act in the	US:					_
Home Country C	ontact: _						
Language(s) Spo	ken:			_			
How were you re	eferred to	this agency?		_			
Needs							
	In Crisis	Vulnerable	Safe	Thriving	Not in Need	Notes	
Food							
Clothing							
Housing/							
Housing/ Shelter							
Medical: Last visit:							
Last visit.							
D 1			-				
Dental Last visit:							
Vision							
Last visit:							

Last Modified: 7/1/14

		Today's Date:			
Mental Health					
Suicidal Risk					
Reproductive Health Last visit: N/A					
Child Services N/A					
General Education					
Transportation					
LGBT					

## Trauma:

Disabilities

Legal Needs

Immigration

Identity documents
Substance
Abuse

Domestic Violence	Child Abuse	Other
□ Physical	□ Physical	□ Sexual Assault
□ Verbal/Emotional	□ Verbal/Emotional	□ Sexual Harrassment
□ Financial	□ Neglect	□ Stalking
□ Intimidation/Control	□ Sexual	
□ Unknown	□ Unknown	□ Unknown

## Safety:

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	Yes	No	Notes
Has the trafficker abused or threatened you?			
Is the trafficker looking for you?			
Do you have contact with the trafficker?			
Does the trafficker have your phone number?			
Are you in contact with anyone who may be associated with the trafficker?			
Have you had any contact with a family member since you got away?			
Does the trafficker know where your family lives?			
Does the trafficker know where you live?			
Would you feel safe returning to your home town/country?			
Do you have a smart phone?			
Do you use social media?			

Strengths

Du chiguns	
What are you good at?	
What gives you strength?	
What makes you happy?	