



La Casa Internal Referral Form

Date of Referral: _____ ☐ Spanish Speaking only

Client Name: _____ Client ID#: _____

Date of Birth: _____ In Shelter: ☐ Yes ☐ No

Safe Phone Number: _____ Email: _____

Referring Department: _____ Referring Advocate / Case Manager: _____

☐ **Crisis** (Refers only to NR or Shelter) ☐ **Order of Protection at Service Assessment**
☐ Crisis created in Osnium
☐ Service Assessment Uploaded to Osnium

☐ **Shelter**
☐ Shelter Intake Complete and uploaded to Osnium
☐ Service Plan and SMART Goals complete and uploaded to Osnium

☐ **Housing**
☐ Housing Intake Complete and uploaded to Osnium
☐ Service Plan and SMART Goals complete and uploaded to Osnium

☐ **Non-Residential**
☐ NR Intake Complete and uploaded to Osnium
☐ Service Plan and SMART Goals complete and uploaded to Osnium

☐ **Other** _____

Referred to: ☐ Non-Res ☐ Shelter ☐ Legal/Immigration Advocacy ☐ CYP
☐ LC ☐ SV

Services Requested Client:

☐ Case Management ☐ Legal/Immigration Advocacy ☐ CYP Advocacy

☐ Empowerment Education (in-Shelter and Housing Only)

Goals to meet: _____

☐ Other _____

Receiving Department only:

Date received _____ Department: _____

Assigned to: _____ Date: _____

Advocate Signature: _____



☐ HOT LINE ☐ WALK-IN
ID# _____

SERVICE ASSESSMENT

Circle all that apply: CYFD VOCA Crisis Intervention Information and Referral

Date: _____

Staff: _____

Start time: _____

End time: _____

Referred By: ☐ Self ☐ Community Partner ☐ Friend, Family Member, Advertisement ☐ CYFD Protective Services ☐ Online ☐ Court/Probation/Parole ☐ Law Enforcement ☐ Other

Identifying Information

Name: _____
First Middle Last

Current Address: _____

Safe Phone #: _____ Date of Birth: _____ Age: _____

Gender: _____ Language Spoken: English ☐ Yes ☐ No ☐ Other: _____

Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Don't Know ☐ Refused

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other: _____ Other/Multi-racial ☐ Refused

Sexual Orientation: ☐ Heterosexual ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Transgender ☐ Queer ☐ Other ☐ Refused

La Casa, Inc. Participation

Are you a current client of La Casa, Inc.? ☐ Yes ☐ No If yes, what program?

☐ Shelter ☐ Non-Res ☐ BIP ☐ Legal ☐ Immigration ☐ CYP ☐ South Valley ☐ Housing

Are you a **past** client of La Casa Inc.? ☐ Yes ☐ No If yes what program?

☐ Shelter ☐ Non-Res ☐ BIP ☐ Legal ☐ Immigration ☐ CYP ☐ South Valley ☐ Housing

If Yes, Date of last service: _____

Veteran Status: ☐ Yes ☐ No Enrolled in Vocational/Educational Program: ☐ Yes ☐ No

Highest Level of Education: _____

Employment Status: ☐ Employed ☐ Unemployed ☐ Actively Seeking Employment ☐ Retired

Receiving TANF/Cash Assistance: ☐ Yes ☐ No Medicaid Enrolled: ☐ Yes ☐ No

Family Income:

☐ \$0.00 to \$19,623

☐ \$46,884 to \$53,698

☐ \$19,624 to \$26,438

☐ \$53,699 to \$60,531

☐ \$26,439 to \$33,253

☐ \$60,532 to \$67,328

☐ \$33,254 to \$40,068

☐ \$67,329 to \$74,143

☐ \$40,069 to \$46,883

☐ \$74,144 to \$80,958

Income: _____

Do you identify as a person of color? ☐ Yes ☐ No
Involvement with CYFD/CPS (Child Protective Services): ☐ Yes ☐ No
Involvement with CYFD Juvenile Justice Division: ☐ Yes ☐ No
Do you have any disabilities? _____
Do you have any food allergies? _____
Living Status: ☐ Lives with perpetrator/ is in previous situation/relationship ☐ Rent/Own Home
☐ Living with Friend/Relative ☐ Transitional Living ☐ In Shelter ☐ On the street/Homeless
☐ Jail/Correctional Facility ☐ Whereabouts Unknown/Neutral

Abuser's Information

Abuser's Name: _____ Relationship to Abuser: _____
Is your partner / abuser a current client at La Casa, Inc.? ☐ Yes ☐ No ☐ Unknown
If yes, what program? ☐ Shelter ☐ Non-Res ☐ BIP ☐ Legal ☐ Immigration
Has your partner/abuser a past client of La Casa Inc. ☐ Yes ☐ No ☐ Unknown
Has your current partner ever attended a Batterer's Intervention Program? ☐ Yes ☐ No ☐ Unknown
If yes, where and when? _____

Children's Information

Do you have any children? ☐ Yes ☐ No Family Size: _____ Are you currently pregnant? ☐ Yes ☐ No
Are there any incidents of teen Dating Violence: ☐ Yes ☐ No
If yes, please explain: _____

Name of Child 1: _____

First _____ **Middle** _____ **Last** _____
☐ Part-time Custody ☐ Full-Time Custody ☐ Not in my Custody ☐ No Agreement
Date of Birth: _____ **Age:** _____ **Gender:** ☐ M ☐ F **Child Witness?** ☐ Yes ☐ No
Ethnicity: ☐ Hispanic ☐ Non- Hispanic ☐ Don't Know ☐ Refused
Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or
other Pacific Islander ☐ White ☐ Other: _____ ☐ Other/Multi-racial ☐ Refused **Relationship**
to victim: ☐ Son ☐ Daughter ☐ Granddaughter ☐ Grandson ☐ Brother ☐ Sister _____
Stepdaughter ☐ Stepson ☐ Other, Explain: _____
☐ Yes, this child will be in shelter ☐ No, this child will not be in shelter

Name of Child 2: _____

First _____ **Middle** _____ **Last** _____ ☐ Part-time
Custody ☐ Full-Time Custody ☐ Not in my Custody ☐ No Agreement
Date of Birth: _____ **Age:** _____ **Gender:** ☐ M ☐ F **Child Witness?** ☐ Yes ☐ No
Ethnicity: ☐ Hispanic ☐ Non- Hispanic ☐ Don't Know ☐ Refused
Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or
other Pacific Islander ☐ White ☐ Other: _____ ☐ Other/Multi-racial ☐ Refused
Relationship to victim: ☐ Son ☐ Daughter ☐ Granddaughter ☐ Grandson ☐ Brother ☐ Sister _____
Stepdaughter ☐ Stepson ☐ Other, Explain: _____
☐ Yes, this child will be in shelter ☐ No, this child will not be in shelter

Name of Child 3: _____

First _____ **Middle** _____ **Last** _____

☐ Part-time Custody ☐ Full-Time Custody ☐ Not in my Custody ☐ No Agreement

Date of Birth: _____ **Age:** _____ **Gender:** ☐ M ☐ F **Child Witness?** ☐ Yes ☐ No

Ethnicity: ☐ Hispanic ☐ Non- Hispanic ☐ Don't Know ☐ Refused

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other: _____ ☐ Other/Multi-racial ☐ Refused

Relationship to victim: ☐ Son ☐ Daughter ☐ Granddaughter ☐ Grandson ☐ Brother ☐ Sister

☐ Stepdaughter ☐ Stepson ☐ Other, Explain: _____

☐ Yes, this child will be in shelter ☐ No, this child will not be in shelter

Name of Child 4: _____

First _____ **Middle** _____ **Last** _____

☐ Part-time Custody ☐ Full-Time Custody ☐ Not in my Custody ☐ No Agreement

Date of Birth: _____ **Age:** _____ **Gender:** ☐ M ☐ F **Child Witness?** ☐ Yes ☐ No

Ethnicity: ☐ Hispanic ☐ Non- Hispanic ☐ Don't Know ☐ Refused

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other: _____ ☐ Other/Multi-racial ☐ Refused

Relationship to victim: ☐ Son ☐ Daughter ☐ Granddaughter ☐ Grandson ☐ Brother ☐ Sister

☐ Stepdaughter ☐ Stepson ☐ Other, Explain: _____

☐ Yes, this child will be in shelter ☐ No, this child will not be in shelter

Name of Child 5: _____

First _____ **Middle** _____ **Last** _____

☐ Part-time Custody ☐ Full-Time Custody ☐ Not in my Custody ☐ No Agreement

Date of Birth: _____ **Age:** _____ **Gender:** ☐ M ☐ F **Child Witness?** ☐ Yes ☐ No

Ethnicity: ☐ Hispanic ☐ Non- Hispanic ☐ Don't Know ☐ Refused

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other: _____ ☐ Other/Multi-racial ☐ Refused

Relationship to victim: ☐ Son ☐ Daughter ☐ Granddaughter ☐ Grandson ☐ Brother ☐ Sister

☐ Stepdaughter ☐ Stepson ☐ Other, Explain: _____

☐ Yes, this child will be in shelter ☐ No, this child will not be in shelter

Name of Child 6: _____

First _____ **Middle** _____ **Last** _____

☐ Part-time Custody ☐ Full-Time Custody ☐ Not in my Custody ☐ No Agreement

Date of Birth: _____ **Age:** _____ **Gender:** ☐ M ☐ F **Child Witness?** ☐ Yes ☐ No

Ethnicity: ☐ Hispanic ☐ Non- Hispanic ☐ Don't Know ☐ Refused

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Other: _____ ☐ Other/Multi-racial ☐ Refused

Relationship to victim: ☐ Son ☐ Daughter ☐ Granddaughter ☐ Grandson ☐ Brother ☐ Sister

☐ Stepdaughter ☐ Stepson ☐ Other, Explain: _____

☐ Yes, this child will be in shelter ☐ No, this child will not be in shelter

Describe Domestic Violence Situation:

How can we help you, can you tell us what brought you here today?

[illegible]

Are you seeking shelter? ____ Yes ____ No

Are you homeless because you are fleeing domestic violence? ☐ Yes ☐ No

Are you seeking information and education on domestic violence? ☐ Yes ☐ No

Are you seeking an Order of Protection? ____ Yes ____ No

Are you seeking information regarding Immigration status? ☐ Yes ☐ No

If you are seeking assistance in other areas please describe: _____

Abuse in Your Current Relationship

Has your partner ever...

Physical abuse: ☐ Slapped ☐ Kicked ☐ Strangled ☐ Punched ☐ Pushed/ Shoved ☐ Torn your clothes ☐ Grabbed you around your neck ☐ Thrown something at you ☐ Spit at you or pulled your hair ☐ Restrained you (i.e. Prevented you from leaving a room or your house.) ☐ Harmed you while pregnant

Intimidation: ☐ Frightened you by certain looks, gestures or actions ☐ Screamed at you ☐ Smashed things ☐ Punched walls ☐ Destroyed your property ☐ Displayed weapons ☐ Has threaten to commit suicide ☐ stalked you- at work, school, your home, or in the community

Emotional Abuse: ☐ Belittles you ☐ Made you feel guilty ☐ Accused you of flirting or cheating on him/her ☐ Told you that you are a bad parent (or irresponsible parent) ☐ Called you names ☐ Humiliated you ☐ Interrupted you're sleeping or eating ☐ Threatened or harmed a pet

Isolation: ☐ Kept you from going places that you choose (work, school, seeing family or friends) ☐ Opened your mail ☐ Listened to your phone conversations ☐ Followed you around ☐ Questioned you about your whereabouts ☐ Monitors social media ☐ Hacks into your email ☐ Uses GPS to track your current location ☐ Monitors text messages ☐ Takes your phone without permission

Minimizing, denying, and blaming: ☐ Made light of the abuse ☐ Said the abuse was your fault ☐ Said the abuse didn't happen ☐ Blamed someone or something else for the abuse

Using children: ☐ Told your children you are not a good parent ☐ Threatened to take away the children ☐ Used children to deliver messages ☐ Used visitation to harass you ☐ Told the children they didn't have to follow mother's rules ☐ Threatened to call CPS ☐ Hurt you in front of the children ☐ Attempted to be sexual with you in front of the children ☐ Your children have tried to stop the violence ☐ Your children have been hurt because of the physical abuse

Sexual Abuse: ☐ Unwanted touching ☐ Raped you or forced you to have sex ☐ Demanded sex ☐ Forced you to have sex with others ☐ Insisted on anything sexual that scares or hurts you ☐ Refused safe sex practices ☐ Prevented you from using birth control ☐ Withheld sex as a form or control ☐ Videotaped sexual acts without permission

Gender-based privilege: ☐ Treated you like a servant ☐ Acted like the "master of the castle" ☐ Told you what your role/ job is ☐ Not done fair share of housework ☐ Not shared in childcare ☐ Bossed you around ☐ Made household rules without your input ☐ Expected you to be sexual whenever he wants ☐ Threatened to out you as LGBTQ

Economic abuse: ☐ Prevented you from working outside the home ☐ Made you ask or beg for money ☐ Withheld information about family income (how much money he makes) ☐ Stealing or taking your money ☐ Ruined your credit or forbidding you from getting credit ☐ Prevents you from working ☐ Refuses to work to help support the family ☐ Keeps the checkbook from you ☐ Made major financial decisions without consulting you ☐ Does not pay child support

Coercion and threats: ☐ Threatened to harm you ☐ Tried to get you to drop charges or restraining order ☐ Threatened to harm family or friends ☐ Made you do something illegal ☐ Threatened to take the children away

Trafficking (From the partner or anyone else): ☐ Yes ☐ No Have you been forced to have sex of any kind for money. ☐ Yes ☐ No: Another person has forced or coerced me to work for little or no money

How long have you been in your current relationship? _____

Marital Status: ☐ Married ☐ Separated ☐ Divorced ☐ Single ☐ Living Together

Date of last incident: _____

When did the abuse start? _____

How often does the abuse occur? (daily, weekly, monthly, yearly)

Has the abuse become more severe or frequent in the last six months? ☐ Yes ☐ No

If yes, please describe: _____

Have you or anyone else called the police, if yes, how many times? _____

Have you experienced domestic violence in past relationships? ☐ Yes ☐ No

Domestic Violence Target Population: ☐ Adult Survivor ☐ Child Survivor/Witness

Domestic Violence Target Population Characteristics (Choose one or more if applicable):

☐ Immigrant ☐ Elderly ☐ Physically Challenged ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Transgender ☐ Other

If the person is admitted to Shelter or will be participating in Non-Res services please share our non-discrimination policy:

La Casa, Inc. does not discriminate on the basis of race, religion, national origin, gender, age, gender identity, mental or physical ability, sexual orientation, citizenship, marital status, or primary language. Survivors are expected to treat staff and other clients with respect and dignity.

☐ Policy Shared ☐ N/A- Not receiving La Casa, Inc Services

STAFF USE

Domestic Violence

Did the potential client report being an adult survivor of domestic violence? ☐ Yes ☐ No

Is the potential client fleeing as a result of domestic violence? ☐ Yes ☐ No

Household Member- A "household member" is a spouse, former spouse, parent, present or former stepparent, present or former parent-in-law, grandparent, grandparent-in-law, and a co-parent of a child, a person with whom a person has had a continuing personal relationship or a blood relative. **Cohabitation is not necessary** to be deemed a household member for our purposes. There must be an established pattern of power and control in the relationship.

Is the aggressor/abuser a household member? ☐ Yes ☐ No

Please circle the qualifying household member.

Current or former: Spouse, dating partner, or intimate partner	Parent	Current or former: Step-Parent	Current or former: Parent-in-law
Grandparent	Grandparent-in-law	Co-parent of a child	

Please note: uncles/aunts, siblings, and roommates that are aggressors do not meet our criteria. There can be exceptions if an uncle/aunt or sibling provides care similar to the way a parent or guardian would. Continuing personal relationship means a dating or intimate relationship.

Domestic Abuse: A pattern of abuse in which a person uses coercive, controlling behavior to gain power and control over another through the use of fear, threats, intimidation, coercion and/or physical violence. This can result in: physical harm, severe emotional distress, bodily injury or assault, a threat causing imminent fear of bodily injury, criminal trespass, criminal damage to property, repeatedly driving by a residence or work place, telephone harassment, or stalking.

Is there a pattern of power and control? ☐ Yes ☐ No

Please note: The pattern can include many different types of abuse. A survivor seeking services after the first incident of physical violence would still qualify because of emotional, sexual, or financial abuse that led up to the physical event.

Describe: _____

Is there physical abuse? ☐ Yes ☐ No

Describe: _____

Is there emotional or psychological abuse? ☐ Yes ☐ No

Describe: _____

Is there sexual abuse? ☐ Yes ☐ No

Describe: _____

Is there financial abuse? ☐ Yes ☐ No

Describe: _____

Staffing

Who did you staff this crisis assessment with?

- ☐ La Casa, Inc. Staff Member _____
- ☐ Supervisor _____

Decision and Safety Planning

Eligible for services?

Referral sent to: ☐ SHELTER ☐ NON-RESIDENTIAL SERVICES

- ☐ Yes, admitted to Shelter and there is capacity.
- ☐ Yes, accepted to Shelter and there was NOT capacity. Survivor was added to the wait list
- ☐ Order of Protection Prepared at Service Assessment
- ☐ No, did not meet criteria

Reason denied: _____

Referred to:

- ☐ Declined – Survivor did not want any referrals at this time.
- ☐ Transportation: _____
- ☐ Food: _____
- ☐ Clothing: _____
- ☐ Other: _____

Did we offer to assist the potential client in contacting services: ☐ Individual Refused ☐ Individual Accepted

We called: _____

Plan: _____

ACCEPTED TO SHELTER ONLY

If the client is admitted to shelter please fill in **Order of Priority** information below.

24 CFR 576.500 Order of Priority

The following process, as stated by 24 CFR 576.500, is use to determine the order of priority for obtaining evidence of homelessness. Please note that "order of priority" refers to HUD's preference for documentation and has nothing to do with prioritizing some types of abuse or potential lethality.

How do you know that the client is homeless?

1. Third Party Documentation

- _____ Written certification from an outreach worker (police officer, social worker, police report)
_____ Written referral by a housing or service provider
_____ Records of HMIS or comparable database

2. Observation

- _____ Your observation. Client is appropriate for our agency's services.

3. Household/Individual Certification

_____ Certification by household/individual seeking assistance that demonstrates that the individual or head of household is currently homeless or living in a place not meant for human habitation, in an emergency shelter, or safe have. Explain

Description: _____

I, _____, conducting the crisis assessment, certify the above information has been documented to the fullest extent possible and the order of priority for obtaining evidence of homelessness was followed.

Safety Plan (Please Attached): _____ Potential Client Refused _____ Included

Copy of Safety Plan Provided: _____ Potential Client Refused _____ Potential Client Took a Copy
_____ Over the phone

Staff Signature: _____

Date: _____