

First Name	Last Name	Alias/Nickname	*DOB/Age/Age Range		
Julie	Unknown		30-40		
*Race	*Ethnicity	*Gender	Disability/Underserved		
<input type="checkbox"/> Native American/Alaska <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input checked="" type="checkbox"/> White-Non Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic/Latino <input checked="" type="checkbox"/> Non-Hispanic/non latino <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="checkbox"/> Deaf/Hearing <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Multiple <input type="checkbox"/> Needs Translator/Interpreter <input checked="" type="checkbox"/> Rural <input type="checkbox"/> LGBTQ <input type="checkbox"/> Homeless <input type="checkbox"/> Limited Eng <input type="checkbox"/> Immigrant <input type="checkbox"/> Veteran		
Town	State	Phone			
Hartford	VT	(123)-456-7890			
Involving	*Violence Type	Email			
<input checked="" type="checkbox"/> Hotel/Shelter <input checked="" type="checkbox"/> Court Advocacy/PO <input type="checkbox"/> Dartmouth College <input type="checkbox"/> Hospital/PD go out <input type="checkbox"/> FVPS <input type="checkbox"/> Other School _____ <input type="checkbox"/> None of the above	<input checked="" type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Stalking <input type="checkbox"/> Sex Trafficking <input type="checkbox"/> Elder Abuse	julie@email.com			
*Contact Type	Referred By				
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Secondary Abuser Name: Andrew Abuser Gender: male If Secondary, please include Name of Primary: Relationship of primary/secondary:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 211 <input type="checkbox"/> CAC <input type="checkbox"/> Court <input type="checkbox"/> DHHS-BEAS <input type="checkbox"/> DHHS-DCYF <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Family/Friend <input type="checkbox"/> LAP <input type="checkbox"/> Medical Provider <input type="checkbox"/> Mental Health </div> <div> <input type="checkbox"/> Other Crisis Ctr <input type="checkbox"/> Outreach/Web <input type="checkbox"/> Police <input type="checkbox"/> Prosecutor <input type="checkbox"/> Self <input type="checkbox"/> Social Service <input type="checkbox"/> State hotline <input type="checkbox"/> Substance <input type="checkbox"/> Unknown <input type="checkbox"/> Other </div> <div> School related <input type="checkbox"/> School <input type="checkbox"/> Title IX <input type="checkbox"/> Housing <input type="checkbox"/> Health <input type="checkbox"/> Counseling <input type="checkbox"/> Accessibility </div> </div>				
*Date/Time/Duration	Prior Victimization	Primary Survivor Relationship to Abuser			
Date: 12/5/21 Start Time: 7pm Duration (hours/minutes): 60 minutes	<input type="checkbox"/> CA <input checked="" type="checkbox"/> CSA <input type="checkbox"/> DV <input type="checkbox"/> Multiple <input type="checkbox"/> SA <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Stalking <input type="checkbox"/> Trafficking	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver <input type="checkbox"/> Child <input type="checkbox"/> Child of Partner of Perp <input type="checkbox"/> Children in Common <input type="checkbox"/> Client <input type="checkbox"/> Co-habitant <input type="checkbox"/> Dating <input type="checkbox"/> Divorced <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Ex-Partner <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Intimate Partner </div> <div> <input checked="" type="checkbox"/> Married <input type="checkbox"/> Multiple Perps <input type="checkbox"/> Parent <input type="checkbox"/> Patient <input type="checkbox"/> Religious Congregant <input type="checkbox"/> Religious Leader <input type="checkbox"/> Separated <input type="checkbox"/> Sibling <input type="checkbox"/> Step Child <input type="checkbox"/> Step Parent <input type="checkbox"/> Stranger <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Unknown <input type="checkbox"/> Other (opt) </div> </div>			
Comments					
Julie - fleeing DV. Arranged for emergency housing. Filed an RFA					

Items circled - used more often by volunteers
 X not used by volunteers

*Method of Contact	*Advocate Initials	Information and Referrals
<input checked="" type="checkbox"/> Crisis Line <input type="checkbox"/> Hospital <input type="checkbox"/> Police Dept <input type="checkbox"/> Office Phone <input type="checkbox"/> Webchat/Text/RC <input type="checkbox"/> Email <input type="checkbox"/> Office Appt (Leb) <input type="checkbox"/> Office Appt (Dartmouth) <input type="checkbox"/> Office Walk in <input type="checkbox"/> CAC <input type="checkbox"/> DCYF <input type="checkbox"/> Shelter <input type="checkbox"/> Support Grp _____ <input type="checkbox"/> Court <input type="checkbox"/> School _____	SAG *Advocate Role <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Direct Srvc <input type="checkbox"/> FVPS <input type="checkbox"/> Shelter <input type="checkbox"/> Other trained staff	<input type="checkbox"/> 211 <input type="checkbox"/> Academic Advising <input type="checkbox"/> Academic Intervention <input type="checkbox"/> CAC <input type="checkbox"/> Campus Health & Wellness <input type="checkbox"/> Campus Mental Health Services <input type="checkbox"/> Campus Ministry <input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Court <input type="checkbox"/> DHHS-DCYF/DCF <input type="checkbox"/> DOVE/DVAP/Unbundled <input type="checkbox"/> Faith-based Org <input type="checkbox"/> Homeless Services <input type="checkbox"/> Housing Services <input type="checkbox"/> Immigration <input checked="" type="checkbox"/> Information <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Legal Services <input type="checkbox"/> Local Welfare <input type="checkbox"/> Medical/Hospital <input type="checkbox"/> Mental Health <input type="checkbox"/> NH Crisis Center <input type="checkbox"/> Crisis Center (out of state) <input checked="" type="checkbox"/> Other Advocate within WISE <input type="checkbox"/> Student Accessibility Services <input type="checkbox"/> Prosecutor <input type="checkbox"/> Residential Life/Housing <input type="checkbox"/> Social Service Provider <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Supervised Visit <input type="checkbox"/> Title IX Office/Conduct <input type="checkbox"/> Victim Comp
Emotional Support	Advocacy/Accompaniment	
<input type="checkbox"/> Counseling Services <input checked="" type="checkbox"/> Crisis Counseling <input type="checkbox"/> Dove Intakes/DVAP/Unbundled <input type="checkbox"/> Emergency Financial Assistance <input type="checkbox"/> Follow up <input checked="" type="checkbox"/> Housing Services <input type="checkbox"/> LAP Call <input type="checkbox"/> LAP Follow Up <input checked="" type="checkbox"/> Legal Advocacy <input type="checkbox"/> Material Goods Assistance <input type="checkbox"/> Parental Support <input checked="" type="checkbox"/> Safety Planning <input type="checkbox"/> Shelter Assessment <input type="checkbox"/> Support Group <input type="checkbox"/> Victims Compensation	<input type="checkbox"/> Hospital Accompaniment <input type="checkbox"/> Personal Advocacy <input type="checkbox"/> Police Accompaniment <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Transportation to shelter <input type="checkbox"/> Attorney <input type="checkbox"/> CAC <input type="checkbox"/> Child Care <input type="checkbox"/> Campus Health & Wellness <input type="checkbox"/> Campus Mental Health Services <input type="checkbox"/> Court <input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Potential Housing Unit <input type="checkbox"/> Prosecutor <input type="checkbox"/> Residential Life/Housing <input type="checkbox"/> School/Campus <input type="checkbox"/> Social Service <input type="checkbox"/> Title IX Advocacy	
Shelter/Housing	Civil Court Support	Protective Order
<input type="checkbox"/> WISE Shelter <input type="checkbox"/> Transitional Housing <input checked="" type="checkbox"/> Hotel #nights 1 #children 0 Names of children _____ What type of housing prior to hotel and for how long? apartment - 10 yrs	<input checked="" type="checkbox"/> Protective Order <input type="checkbox"/> Custody <input type="checkbox"/> Divorce <input type="checkbox"/> Ex Parte <input type="checkbox"/> Immigration <input type="checkbox"/> Other <input type="checkbox"/> Parenting <input type="checkbox"/> Separation <input type="checkbox"/> Visitation	<input checked="" type="checkbox"/> DV Emergency/RFA Temporary <input type="checkbox"/> DV/RFA Final <input type="checkbox"/> SA/Stalking Temporary <input type="checkbox"/> SA/Stalking Final <input type="checkbox"/> Extension <input checked="" type="checkbox"/> Granted <input type="checkbox"/> Continued <input type="checkbox"/> Denied <input type="checkbox"/> Under Advisement <input type="checkbox"/> Withdrawn
FVPS	Criminal Court Support	Economic Empowerment
Consult <input type="checkbox"/> BEAS <input type="checkbox"/> DCYF <input type="checkbox"/> CASA <input type="checkbox"/> GAL <input type="checkbox"/> Police <input type="checkbox"/> Other <input type="checkbox"/> Initial Referral	<input type="checkbox"/> Bail Hearing/Arrestment <input type="checkbox"/> Criminal Charge <input type="checkbox"/> Viol. Bail/Criminal PO <input type="checkbox"/> Viol TPO/FPO <input type="checkbox"/> Other	<input type="checkbox"/> Allstate Curriculum <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Create Financial Plan <input type="checkbox"/> Open Bank Acct <input type="checkbox"/> Met Financial Goal <input type="checkbox"/> Contribute Match Savings <input type="checkbox"/> Improved Credit Report/Score <input type="checkbox"/> Met Match Savings

First Name	Last Name	Alias/Nickname	*DOB/Age/Age Range		
Susan			48		
*Race	*Ethnicity	*Gender	Disability/Underserved		
<input type="checkbox"/> Native American/Alaska <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White-Non Hispanic <input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/non latino <input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Unknown	<input type="checkbox"/> Deaf/Hearing <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> Multiple <input type="checkbox"/> Needs Translator/Interpreter <input checked="" type="checkbox"/> Rural <input type="checkbox"/> LGBTQ <input type="checkbox"/> Homeless <input type="checkbox"/> Limited Eng <input type="checkbox"/> Immigrant <input type="checkbox"/> Veteran		
Town	State	Phone			
Enfield	NH	(456) 789-1011			
Involving	*Violence Type	Email			
<input type="checkbox"/> Hotel/Shelter <input type="checkbox"/> Court Advocacy/PO <input type="checkbox"/> Dartmouth College <input type="checkbox"/> Hospital/PD go out <input type="checkbox"/> FVPS <input type="checkbox"/> Other School _____ <input checked="" type="checkbox"/> None of the above	<input type="checkbox"/> Domestic Violence <input checked="" type="checkbox"/> Sexual Assault <input type="checkbox"/> Stalking <input type="checkbox"/> Sex Trafficking <input type="checkbox"/> Elder Abuse				
*Contact Type	Referred By				
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary Abuser Name: unknown Abuser Gender: male If Secondary, please include Name of Primary: unknown Relationship of primary/secondary: child Susan's daughter sexually assaulted	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> 211 <input type="checkbox"/> CAC <input type="checkbox"/> Court <input type="checkbox"/> DHHS-BEAS <input type="checkbox"/> DHHS-DCYF <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Family/Friend <input type="checkbox"/> LAP <input type="checkbox"/> Medical Provider <input type="checkbox"/> Mental Health </div> <div> <input type="checkbox"/> Other Crisis Ctr <input type="checkbox"/> Outreach/Web <input type="checkbox"/> Police <input type="checkbox"/> Prosecutor <input type="checkbox"/> Self <input type="checkbox"/> Social Service <input type="checkbox"/> State hotline <input type="checkbox"/> Substance <input type="checkbox"/> Unknown <input type="checkbox"/> Other </div> <div> School related <input type="checkbox"/> School <input type="checkbox"/> Title IX <input type="checkbox"/> Housing <input type="checkbox"/> Health <input type="checkbox"/> Counseling <input type="checkbox"/> Accessibility </div> </div>				
*Date/Time/Duration	Prior Victimization	Primary Survivor Relationship to Abuser			
Date: 12/5/21 Start Time: 7pm Duration (hours/mins): 30 minutes	<input type="checkbox"/> CA <input type="checkbox"/> CSA <input type="checkbox"/> DV <input type="checkbox"/> Multiple <input type="checkbox"/> SA <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Stalking <input type="checkbox"/> Trafficking	<input checked="" type="checkbox"/> Acquaintance <input type="checkbox"/> Caregiver <input type="checkbox"/> Child <input type="checkbox"/> Child of Partner of Perp <input type="checkbox"/> Children in Common <input type="checkbox"/> Client <input type="checkbox"/> Co-habitant <input type="checkbox"/> Dating <input type="checkbox"/> Divorced <input type="checkbox"/> Employee <input type="checkbox"/> Employer <input type="checkbox"/> Ex-Partner <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Intimate Partner <input type="checkbox"/> Married <input type="checkbox"/> Multiple Perps <input type="checkbox"/> Parent <input type="checkbox"/> Patient <input type="checkbox"/> Religious Congregant <input type="checkbox"/> Religious Leader <input type="checkbox"/> Separated <input type="checkbox"/> Sibling <input type="checkbox"/> Step Child <input type="checkbox"/> Step Parent <input type="checkbox"/> Stranger <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Unknown <input type="checkbox"/> Other (opt)			
Comments					
Susan calling about support for her daughter					

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<input checked="" type="checkbox"/> Crisis Line <input type="checkbox"/> Hospital _____ <input type="checkbox"/> Police Dept _____ <input type="checkbox"/> Office Phone _____ <input type="checkbox"/> Webchat/Text/RC <input type="checkbox"/> Email _____ <input type="checkbox"/> Office Appt (Leb) <input type="checkbox"/> Office Appt (Dartmouth) <input type="checkbox"/> Office Walk in <input type="checkbox"/> CAC <input type="checkbox"/> DCYF <input type="checkbox"/> Shelter <input type="checkbox"/> Support Grp _____ <input type="checkbox"/> Court _____ <input type="checkbox"/> School _____	<p>SAG</p> <hr/> *Advocate Role <input checked="" type="checkbox"/> Volunteer <input type="checkbox"/> Direct Srvc <input type="checkbox"/> FVPS <input type="checkbox"/> Shelter <input type="checkbox"/> Other trained staff	<input type="checkbox"/> 211 <input type="checkbox"/> Academic Advising <input type="checkbox"/> Academic Intervention <input type="checkbox"/> CAC <input type="checkbox"/> Campus Health & Wellness <input type="checkbox"/> Campus Mental Health Services <input type="checkbox"/> Campus Ministry <input type="checkbox"/> Coordinated Entry <input type="checkbox"/> Court <input type="checkbox"/> DHHS-DCYF/DCF <input type="checkbox"/> DOVE/DVAP/Unbundled <input type="checkbox"/> Faith-based Org <input type="checkbox"/> Homeless Services <input type="checkbox"/> Housing Services <input type="checkbox"/> Immigration <input checked="" type="checkbox"/> Information <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Legal Services <input type="checkbox"/> Local Welfare <input type="checkbox"/> Medical/Hospital <input type="checkbox"/> Mental Health <input type="checkbox"/> NH Crisis Center <input type="checkbox"/> Crisis Center (out of state) <input checked="" type="checkbox"/> Other Advocate within WISE <input type="checkbox"/> Student Accessibility Services <input type="checkbox"/> Prosecutor <input type="checkbox"/> Residential Life/Housing <input type="checkbox"/> Social Service Provider <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Supervised Visit <input type="checkbox"/> Title IX Office/Conduct <input type="checkbox"/> Victim Comp	
Emotional Support	Advocacy/Accompaniment		
<input type="checkbox"/> Counseling Services <input checked="" type="checkbox"/> Crisis Counseling <input type="checkbox"/> Dove Intakes/DVAP/Unbundled <input type="checkbox"/> Emergency Financial Assistance <input type="checkbox"/> Follow up <input type="checkbox"/> Housing Services <input type="checkbox"/> LAP Call <input type="checkbox"/> LAP Follow Up <input type="checkbox"/> Legal Advocacy <input type="checkbox"/> Material Goods Assistance <input checked="" type="checkbox"/> Parental Support <input type="checkbox"/> Safety Planning <input type="checkbox"/> Shelter Assessment <input type="checkbox"/> Support Group <input type="checkbox"/> Victims Compensation	<input type="checkbox"/> Hospital Accompaniment <input type="checkbox"/> Personal Advocacy <input type="checkbox"/> Police Accompaniment <input type="checkbox"/> Transportation <input type="checkbox"/> Transportation to shelter <input type="checkbox"/> Attorney <input type="checkbox"/> CAC <input type="checkbox"/> Child Care <input type="checkbox"/> Campus Health & Wellness <input type="checkbox"/> Campus Mental Health Services <input type="checkbox"/> Court <input type="checkbox"/> Mental Health Provider <input type="checkbox"/> Potential Housing Unit <input type="checkbox"/> Prosecutor <input type="checkbox"/> Residential Life/Housing <input type="checkbox"/> School/Campus <input type="checkbox"/> Social Service <input type="checkbox"/> Title IX Advocacy		
Shelter/Housing	Civil Court Support	Protective Order	
<input type="checkbox"/> WISE Shelter <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Hotel #nights _____ #children _____ Names of children _____ What type of housing prior to hotel and for how long?	<input type="checkbox"/> Protective Order <input type="checkbox"/> Custody <input type="checkbox"/> Divorce <input type="checkbox"/> Ex Parte <input type="checkbox"/> Immigration <input type="checkbox"/> Other <input type="checkbox"/> Parenting <input type="checkbox"/> Separation <input type="checkbox"/> Visitation	<input type="checkbox"/> DV Emergency/RFA Temporary <input type="checkbox"/> DV/RFA Final <input type="checkbox"/> SA/Stalking Temporary <input type="checkbox"/> SA/Stalking Final <input type="checkbox"/> Extension <input type="checkbox"/> Granted <input type="checkbox"/> Continued <input type="checkbox"/> Denied <input type="checkbox"/> Under Advisement <input type="checkbox"/> Withdrawn	
FVPS	Criminal Court Support	Economic Empowerment	
Consult <input type="checkbox"/> BEAS <input type="checkbox"/> DCYF <input type="checkbox"/> CASA <input type="checkbox"/> GAL <input type="checkbox"/> Police <input type="checkbox"/> Other <input type="checkbox"/> Initial Referral	Stage <input type="checkbox"/> Assessment <input type="checkbox"/> Family Services <input type="checkbox"/> Transfer Meeting <input type="checkbox"/> Case Plan <input type="checkbox"/> Permanency Plan	<input type="checkbox"/> Bail Hearing/Arraignment <input type="checkbox"/> Criminal Charge <input type="checkbox"/> Viol. Bail/Criminal PO <input type="checkbox"/> Viol TPO/FPO <input type="checkbox"/> Other	<input type="checkbox"/> Allstate Curriculum <input type="checkbox"/> Financial Literacy <input type="checkbox"/> Create Financial Plan <input type="checkbox"/> Open Bank Acct <input type="checkbox"/> Met Financial Goal <input type="checkbox"/> Contribute Match Savings <input type="checkbox"/> Improved Credit Report/Score <input type="checkbox"/> Met Match Savings