domestic abuse project
DAP

INTERVENTION AND PREVENTION PROGRAM CONTACT INFORMATION

Contact Information

Last Name:	**First Name**:	**Middle Name:**
Preferred Name:	**Preferred Language:**	**Today's Date:**
Street Address:	**City, State:**	**ZIP:**
Billing Street Address (if different):	**Billing City, State:**	**Billing ZIP:**

Home Phone:	**Work Phone:**	**Cell Phone:**
Person to Contact in an Emergency:	**Relationship to you:**	**Phone:**

Demographics

Date of Birth:

Marital Status:

Married Separated Divorced Single Partnered Prefer not to say

SSN:

Country of Origin:

Gender:

Male Female

Non-binary

Self-Identified Gender:

Sexual Orientation:

Pronouns:

Race:

- ☐ African American
- ☐ African Immigrant
- ☐ Asian American
- ☐ Latino
- ☐ Native American
- ☐ White
- ☐ Multi-Racial
- ☐ Unknown

Your individual annual income:

- ☐ Less than $10,000
- ☐ $10,000 - $19,999
- ☐ $20,000 - $29,999
- ☐ $30,000 - $39,999
- ☐ $40,000 - $49,999
- ☐ $50,000 +

Please check if you have:

- ☐ Mental illness
- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Mobility impairment
- ☐ Learning disability

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Military Service

Military Service: (Please choose all that apply)

N/A Active National Guard/Reserves Active National Guard/Reserves Veteran Discharged Other

_____

Military Branch: (Please choose all that apply)

Army Air Force Marines Navy Coast Guard

Service Dates:

From: _____

To: _____

DD214:

Yes No Other

Bases stationed at:

_____

_____

Job in the military: _____

Military Deployment: Yes No **How many times?** _____

Combat: Yes No **How many times?** _____

Location: _____

Deployment(s): (Location[s], date[s] deployed, & length of deployment[s])

_____

_____

_____

History of Family Member Military Service: Yes No

Who? _____

Referral Information

How did you learn about DAP? (Please choose all that apply)

☐ Probation/Parole	☐ Hotline	☐ Self	☐ Another DAP participant
☐ Child Protection Services (CPS)	☐ Shelter	☐ Spouse/Partner	☐ Other:
☐ Courts	☐ Another agency	☐ Family member	

Have you been involved in DAP's Intervention & Prevention Program before? (Please circle one) Yes No When: _____

Ethnic/Cultural Identity: We recognize that the racial categories listed above are limiting. Please write below whatever term or phrase you find most descriptive of your ethnic or cultural identity.

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LEGAL/CHEMICAL/HEALTH HISTORY

Legal System

Does your partner or former partner have an OFP or Restraining Order that names you?	Yes	No
Have you ever been charged with violating an OFP?	Yes	No
Have you ever been arrested for domestic assault?	Yes	No
Approximate date(s) of the arrest(s):		
Were you directed by the courts to attend DAP's program?	Yes	No

Chemical Use

Have you ever felt that you ought to cut down on your drinking or drug use?	Yes	No
Have people annoyed you by criticizing your drinking or drug use?	Yes	No
Have you ever felt bad or guilty about your drinking or drug use?	Yes	No
Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	Yes	No
Does your chemical use have a negative impact on your work or home life?	Yes	No
Have you been through chemical dependency treatment within the past six months?	Yes	No

When:	**Where:**	**Program Length:**	**Program Type:** **Inpatient** **Out-patient**

Mental Health

Are you currently under a provider's care for depression or anxiety?	Yes	No
Are you currently taking any medication for depression or anxiety?	Yes	No
If yes, what:		
Have you had serious or persistent thoughts about suicide or hurting yourself or others in any way?	Yes	No
Have had mental health services and/or inpatient hospitalization?	Yes	No

Agency:	**Therapist:**	**Approximate dates of service:**
Reason for seeking therapy:		
Hospital Admitted To:	**Approximate dates of service:**	**Reason for hospitalization:**