**CONFIDENTIAL SURVIVOR INTAKE FORM:**

1. **PERSONAL INFORMATION**
* Case Number: [ ]
* Date of Intake: [DD/MM/YYYY]
* Primary Language:...................................
* Preferred Communication Method: [ ] Verbal [ ] Written [ ] Sign Language [ ] Interpreter Required………………………….
1. **IMMEDIATE SAFETY ASSESSMENT**

Immediate Physical Risk Level:

 [ ] High [ ] Medium [ ] Low

Current Living Situation:

 [ ] With Abuser

 [ ] Temporarily Displaced

 [ ] Permanently Separated

 [ ] Children Involved

 [ ] Extended Family Support Available

1. **COMPREHENSIVE NEEDS ASSESSMENT**

**I**mmediate Needs Checklist:

[ ] Medical Attention

[ ] Legal Protection

[ ] Psychological Support

[ ] Economic Support

[ ] Housing

[ ] Child Care

[ ] Food and Basic Necessities

1. **INTERVENTION TRACKING**
* Primary Support Coordinator/case worker:
* Recommended Immediate Actions:
* Follow-up Timeline:
* Initial Safety Plan Developed: [ ] Yes [ ] No
* Safety details:
1. **CONSENT AND CONFIDENTIALITY**

 [ ] Informed Consent Obtained [ ] Confidentiality Explained [ ] Communication Preferences Documented

 **ADDITIONAL NOTES:**