### **Sample Shelter Intake and Release Form**

#### Shelter Name: …………………………………………………………………………………

#### Date of Intake: ………………………………………………………………………………

### **Section 1: Survivor Information**

Full Name: ……………………………………… Preferred nick name / Code………
Preferred Name (if different): ………………………………………………………………
Date of Birth: …………………………………………………………………………………
Gender:

* Female
* Male
* Other: …………………………………………………………………………………

Address/Location: ……………………………………………………………………………
Phone Number: ………………………………………………………………………………
Emergency Contact: …………………………… Relationship: ……………………………

### **Section 2: Incident Information**

**Nature of Incident (tick all that apply)**:

* Domestic violence
* Sexual assault
* Emotional abuse
* Financial abuse
* Trafficking
* Other: …………………………………………………………………………………

Date of Incident: ……………………………………………………………………………
Location of Incident: …………………………………………………………………………

Has this incident been reported to police or law enforcement authorities?

* Yes
* No
* Prefer not to say

Police Report Reference Number (OB): …………………………………………………

Has the case been filed in court?

* Yes
* No

Court Case Reference Number (if applicable): …………………………………………

Brief Description of Incident:

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

### **Section 3: Services Required**

**What immediate assistance do you need? (select all that apply)**:

* Shelter
* Medical assistance
* Legal support
* Counseling services
* Victim/Witness Protection
* Other: …………………………………………………………………………………

Any specific accommodations needed (e.g., accessibility, dietary)?

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Section 4: Health Information**

Do you have any medical conditions or disabilities we should be aware of?

* Yes (please specify): …………………………………………………………………
* No

**Are you currently on any medication?**

* Yes (please list): ………………………………………………………………………
* No

### **Section 5: Consent and Agreement**

I hereby consent to receive services from this shelter. I understand that my information will remain confidential and only be shared with my explicit consent or as required by law.

**Survivor Signature**: …………………………………………………………………………
**Date**: …………………………………………………………………………………………………

**Shelter Staff Name and Signature**: ………………………………………………………
**Date**: …………………………………………………………………………………………………

###

### **Survivor Release**

#### **Date of Release: …………………………………………………………………………………….**

### **Section 1: Survivor Information**

**Full Name**: ……………………………………………………………………………………………
**Shelter Admission Date**: ……………………………………………………………………………

### **Summary of Stay**

**Duration of Stay**: ………………………………………………………………………………………
**Services Accessed (select all that apply)**:

* Counseling
* Medical Assistance
* Legal Support
* Other: …………………………………………………………………………………

**Reason for Leaving**:

* Transitioned to safe housing
* Reunited with family/support system
* Referral to another service (give details)
* Other: ………………………………………………………………………………

### **Section 3: Forwarding Information**

New Address (if applicable): ………………………………………………………………

New Contact Information: ………………………………………………………………….

Emergency Contact: ………………………….. Relationship: ……………………………

Where is the survivor going or to whom are they being released?

### **Section 4: Follow-Up Plan**

Is a follow-up appointment scheduled?

* Yes (Date: …………………………….)
* No

Referred Services:

* Shelter
* Medical
* Legal
* Victim/Witness Protection
* Other: …………………………………………………………………………………

### **Section 5: Acknowledgment**

I acknowledge that I am leaving the shelter of my own accord and have received all services and referrals needed to support my transition. I agree to allow the shelter to contact me for follow-up services.

**Survivor Signature**: ………………………………………………………………………….

**Date**: ……………………………………………………………………………………………

**Shelter Staff Name and Signature**: ………………………………………………………..

**Date**:……………………………………………………………………………………………......