

**Seniors' Safe House
Intake Assessment Form**

Past stay in DV shelter Y N

Past exposure (self or neighbor)
to bed bugs Y N

Date of call: _____

Date of Intake: _____

Move in date: _____

Move out date: _____

Name: _____

DOB: _____

Age: _____

Gender (circle): M F T O

Ethnic Origin (optional): _____

Preferred Language of Service: _____

Marital Status (circle): Married C/L Single Divorced Separated Widowed

Employment Status (circle): Employed Retired Other _____

Source of Income: _____

Referral Source (circle): PIN Relative EPS CSS SPP Hospital
Community Agency Telecare Home Care Other

Type of Abuse (circle): Financial Physical Sexual Emotional
Active Neglect Passive Neglect
Medication

Relationship to Abuser(s) (circle): Spouse Mother Father Grandmother
Grandfather Aunt Uncle Brother Sister
Brother In-law Sister In-law Mother In-law
Father In-law Friend Neighbour Other

Abuser's Name and description: _____

Cohabiting with the Abuser (circle): Yes No

Living Situation (circle): Alone W/Spouse W/Child W/Relative
W/Others Other _____

Current Accommodation (circle): Apartment House own/rent Lodge
Seniors Residence Nursing Home Shelter
Medical Facility No Fixed Address Other

Permanent Address: _____ Mailing Address: _____

Phone: _____ Cell: _____

Accommodation required (circle): Immediately W/in 2 Days W/in 1 Week

PIN's dependency on Abuser for the following (circle a number for each):
1=very dependent, 2=somewhat dependent, 3=not at all dependent, 4=unknown

Companionship	1	2	3	4
Property Maintenance	1	2	3	4
Daily Needs	1	2	3	4
Transportation	1	2	3	4
Financial Management	1	2	3	4
Financial Resources	1	2	3	4

Provide a description of Abuser's history of abuse/violence:

Has the PIN been strangled Yes No
Does the Abuser have access to weapons (circle): Yes No
Description: _____

Is the Abuser in the employment of any of the following (circle):
Police Fire Department Emergency Services

On a scale of 1-5, how likely is it that the Abuser will pursue PIN once in Safe House?

1 (very likely) 2 (likely) 3 (not sure) 4 (unlikely) 5 (very unlikely)

Does PIN require assistance with any of the following activities (circle):

Using phone Shopping Meal prep Dressing Bathing Eating
Walking Security of personal property Medication Household management
Financial management Personal grooming Language interpreter
Toileting Other (specify) _____

Is there anyone who can assist PIN while at Safe House
(name/relationship/contact info)?

Transportation requirements (circle): ETS DATS Car Other (specify) _____

Which of the following equipment is required by PIN (circle):

H=has, N=needs

H N Cane

H N Walker

H N Hearing aid

H N Wheelchair

H N Incontinence aids

H N O2/respirator

H N Glasses

H N Toileting aids

H N Bath aids

H N Dressing aids

H N Eating aids

H N Prosthetic appliance (specify) _____

H N Other (specify) _____

Continue on next page.

If PIN admitted, please remove this page and place at front of file.

Health Care Number: _____

Emergency Contact: Name: _____

Relationship: _____

Phone Number: _____

Family Dr: _____

Family Therapist: _____

Any health concerns or allergies (please describe):

Name	Dosage	Amnt/day	Reason	(Rx) Prescription	(OTC) Over the counter

Do you have a problem with addictions and if so what are they (describe):

Type of addiction, how often used, treatment sought?

Continue on next page.

Does PIN have any visible signs of abuse (describe):

Describe PIN's emotional state:

Based on this interview, what is the PIN's suitability for the Safe House:

1 (unsuitable)

2 (suitable)

Reasons why the Safe House may be unsuitable and in such case what referrals were made:

Risk assessment completed by: _____