

DOMESTIC VIOLENCE ASSESSMENT CHECKLIST

Name: _____	Date of Interview: _____
Case #: _____	Client Phone #: _____
Registry #/CIN: _____	Worker Name : _____
Unit/Worker #: _____	Worker Phone #: _____
Referred by: _____	Referral Phone #: _____

Assessment Status:

- No show, appointment scheduled for _____
(date)
- Refer to appropriate worker. _____
(unit)
- Waiver not needed, declined _____
(date)
Reason: _____
- Waiver denied _____
(date)
Reason: _____

- Waiver granted _____ | _____
(type) (type)
Dates of waiver: From: _____ To: _____ | From: _____ To: _____
- Verbal assessment of immediate safety.
- Does client want reminder notice? Yes No

Documentation in DVL File

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> DV Screening Form <input type="checkbox"/> Model Assessment Tool <input type="checkbox"/> Credibility was assessed by: <ul style="list-style-type: none"> <input type="checkbox"/> Order of Protection <input type="checkbox"/> Sworn Statement <input type="checkbox"/> Other _____
(specify) | <ul style="list-style-type: none"> <input type="checkbox"/> Referral for Services <input type="checkbox"/> Service Plan <i>(if waiver granted)</i> <input type="checkbox"/> Notice to Client <input type="checkbox"/> Notice to Worker(s) <i>[may be written or verbal]</i> <input type="checkbox"/> Safe Address <i>[other than current address]</i> <input type="checkbox"/> Emergency Safety Plan |
|---|--|

DV Subsystem (necessary for all cases)

- Data entered into DV subsystem
- Data was **not** entered into DV subsystem