

## DOMESTIC VIOLENCE REASSESSMENT CHECKLIST

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

### Reassessment Status:

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

- Waiver granted/continued \_\_\_\_\_ | \_\_\_\_\_  
(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"> <li><input type="checkbox"/> Waiver Reassessment Form</li> <li><input type="checkbox"/> Referral For Services</li> <li><input type="checkbox"/> Service Plan <i>(if waiver granted)</i></li> <li><input type="checkbox"/> Notice to Worker(s) <i>[may be written or verbal]</i></li> <li><input type="checkbox"/> Notice to Client</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Safe Address <i>(other than current address)</i></li> <li><input type="checkbox"/> Emergency Safety Plan</li> <li><input type="checkbox"/> Additional/New Documentation <i>(if necessary)</i></li> </ul> <hr/> <hr/> <hr/> |
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### DV Subsystem (necessary for all cases)

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