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/Time)

☐ Refer to appropriate worker: _____
(Name/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 completed: ☐ Yes   ☐ No

☐ Does individual want reminder notices for follow up appointments?   ☐ Yes   ☐ No

Documentation in DVL File

☐ DV Screening Form	☐ Referral for Services
☐ Model Assessment Tool	☐ Service Plan (If waiver granted)
☐ DV documentation provided by client	☐ Notice to Client
☐ Self-attestation Form	☐ Notice to Workers (written or verbal)
☐ Order of Protection	☐ Safe Address (other than current)
☐ Other(*specify*)	☐ Emergency Safety Plan

DV Subsystem (necessary for all cases)

☐ Data entered into DV subsystem

☐ Data was **_not_** entered into DV subsystem