

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/Time)
- ☐ Refer to appropriate worker: _____
(Name/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 completed: ☐ Yes ☐ No
- ☐ Does individual want reminder notices for follow up appointments? ☐ Yes ☐ No

Documentation in DVL File

<input type="checkbox"/> Waiver Reassessment Form <input type="checkbox"/> Referral for services <input type="checkbox"/> Service Plan (if waiver granted) <input type="checkbox"/> Notice to worker(s) (written or verbal)	<input type="checkbox"/> Notice to client <input type="checkbox"/> Safe Address (if other than current address) <input type="checkbox"/> Emergency Safety Plan <input type="checkbox"/> Additional/ New documentation (if applicable)
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DV Subsystem (necessary for all cases)

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