

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:
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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