Intake

The mission of the Yakama Nation Victim Resource Program (V.R.P.) is to support and identify the needs of victims of crime and the Yakama Nation community, through a comprehensive approach that integrates mental health to address historical and interpersonal trauma. V.R.P. will assist victims of crime through advocacy, referral services and education to create stability through awareness, intervention and healing. V.R.P. will help all victims of crime, focusing on domestic violence, sexual assault/abuse, stalking, dating violence, and human trafficking. Victim-centered activities will entail culturally competent services for mental health, substance abuse, physical & emotional wellness, job training, financial empowerment, crisis management, emergency victim services, and youth engagement.

Please complete this application to the best of your ability for our records. All information you provide is confidential. If you need any assistance in filling out the intake please don’t hesitate to ask one of our VRP staff. Please print and provide the following:

- Identification Card
- Enrollment Card

This project was supported by Grant No. 2016-TW-AX-0014 awarded by the Office on Violence Against Women, U.S Department of Justice, Grant No. 2015-VR-GX-K067 awarded by Office for Victims of Crime, and Grant No. S17-31119-316 awarded by Office of Victims of Crime Advocacy. The opinions, findings conclusions, and recommendation expressed in this publication/program/exhibition are those of the author(s) and do not necessarily reflect the views of the Department of Justice, Office on Violence Against Women, Office for Victims of Crime, and Office of Victims of Crime Advocacy.
**Date:**

**Client Number:**

**Name:**

**Name of Parent/Guardian (If participant is a minor):**

**Date of Birth:**

**Age:**

**How do you identify yourself?**

- Male
- Female
- Transgender
- Other:

**Marital Status:**

- Single
- Married
- Divorced
- Domestic Partnership
- Other:

**Ethnicity:**

**Tribal Affiliation:**

**Enrollment Number:**

**Phone Number:**

**Message Phone:**

**May we leave you a message?**

- Yes
- No

**If no, when would be the best day and time to call you?**

**May we send you letters via mail at your physical address and PO Box?**

- Yes
- No

**Do you have a disability?**

- Yes
- No

**If yes, what is your type of disability?**

**Are you pregnant?**

- Yes
- No

**Are you a Veteran?**

- Yes
- No

**Emergency Contact:**

**Contact Number:**

**Housing Status**

**How do you identify your housing status?**

- Own Home
- Renting
- Houseless/Homeless
- Living with Relative/Friends
- YN RV Encampment
- Other:

**Shelter Location:**

**Contact Number:**

**Address:**

**City:**

**State:**

**Zip Code:**

**Family Household information:**

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>DOB/Dependent</th>
<th>Tribal Affiliation</th>
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**Education and Employment Status**

- High School Diploma
- GED
- Currently Attending School
- College Degree
- Other:

- Unemployed
- Employed Full-Time
- Employed Part-Time
- Other:

**Insurance Information**

- Do you have an Indian Health Service Chart (IHS)?
  - Yes
  - No
  - IHS Chart #: 

**VP P
Awareness Intervention Healing**
Do you have Health Insurance? ☐ Yes ☐ No  
Name of Insurance: ________________________

If yes, may you please submit copies of your insurance information for our records.

**Financial Information**

What is your primary source of Income? __________________________________________

Other income source? ___________________________________________________________

What is your monthly Income? _________________________________________________

Are you receiving any of the following?
☐ Food Stamps ☐ TANF ☐ Disability ☐ Per Capita ☐ Alimony ☐ Unemployment Benefit
☐ SSI ☐ General Assistance ☐ Child Support
☐ Other:

<table>
<thead>
<tr>
<th>Description of Bills</th>
<th>Amount</th>
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<tr>
<td>Rent/ House payment</td>
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<td>Home/ Renter Insurance</td>
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<td>Food</td>
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<td>Utilities: Electricity</td>
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<td>Water/ Sewer/ Garbage</td>
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<td>Home/ Cell Phone</td>
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<td>Child Care Expenses</td>
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<td>Medical/ Dental</td>
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<td>Car Payment</td>
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<td>Auto Insurance</td>
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<td>School Expenses (school supplies, clothes, etc.)</td>
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<td>Any other Insurance</td>
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<td>Credit Card(s)</td>
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<td>Tribal Credit</td>
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<td>Other</td>
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**TOTAL**: ______________________

**Incident Information**

Requesting services for: ☐ Individual ☐ Family 
Type of victimization: ☐ Domestic Violence ☐ Sexual Assault ☐ Stalking
☐ Dating Violence ☐ Child Abuse ☐ Elder Abuse ☐ Sex Trafficking ☐ Other: __________

Who referred you to our program? ____________________________________________________

Do you feel safe right now? ☐ Yes ☐ No

Was the crime/incident reported to Law Enforcement? ☐ Yes ☐ No

Is so, date reported: ____________________________  Case Number: ______________________
What’s the location of incident? ______________________________________________________
When did the incident occur? _________________________________________________________

Was the offender arrested? ☐ Yes ☐ No  Is offender currently incarcerated? ☐ Yes ☐ No

May you please explain the incident? _____________________________________________________

Has it occur more than once? If yes, please explain: _____________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Has there been prior court action?  □ Yes  □ No  When?______________________________

Is there any current or pending court action?  If yes, please explain:__________________________

Do you have thoughts of suicide?  □ Yes  □ No
Do you have a plan for suicide?  □ Yes  □ No
Do you have homicidal thoughts?  If yes, please explain:___________________________________

Do you have any injuries that need medical care?  □ Yes  □ No  Describe:________________________

Are there any other person(s) affected by the incident?  □ No  □ Yes  If yes, please list:

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<tr>
<th>Name</th>
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<th>DOB</th>
<th>Gender</th>
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Offender Information

Name of the Offender:_________________________ Relationship to the offender?_____________________

Offender's DOB:_________________ Age:_________ Gender:________________________

Ethnicity:_________________________ Tribal Affiliation/ Enrollment #:________________________

Address:_________________________ City:________________ State:________________ Zip:_________

I certify that the information provided on this application is true and correct to the best of my knowledge. I understand that the information on the application will be used to determine my eligibility for services.

Signature of applicant:_________________________ Date:________________

Signature of Guardian (if a minor):_________________________ Date:________________

Office Use Only

Advocate Assigned  Intake Completed By  Signature