

PROJECT EMPOWER CLIENT FACE SHEET

PT STICKER

Time of visit: _____ a.m. p.m. First Name and Age if different from sticker _____

Presenting Incident (check all that apply): Intimate Partner Violence Sexual Violence Weapon? _____

MONTHLY INCOME: _____

CURRENT SOURCES OF INCOME: _____ FULL TIME EMPLOYMENT _____ PART TIME EMPLOYMENT _____ PUBLIC ASSISTANCE _____ DISABILITY _____ FAMILY/FRIENDS _____ OTHER

Race (check all that apply): African American/Black Native American/Native Alaskan Caucasian Asian Native Hawaiian/Pacific Islander Other/Unknown

Does the person identify as a person of Hispanic/Latina(o) ethnicity? NO YES

Gender: Female Male Transgender Patient's Language: _____

Locality of Residence: Chesterfield Hanover Henrico Richmond Other: _____ Zip Code: _____

Relationship to Perpetrator: Acquaintance Other Household Member Caretaker (non-family) Parent Cohabiting Partner/Spouse (including ex's) Stepparent/Parent's Dating Partner Dating Partner Stranger Family Unknown/Other: _____

Is Patient interested in follow-up services from VCU Advocate? NO YES Phone Number: _____

Is it SAFE to call? NO YES

Is it SAFE to leave a message? NO YES

Number of children served by fund: _____ Ages/Gender _____

Forensic Nurse Examiner (FNE) or Emergency Department Nurse: _____ RHART ADVOCATE USED?: Y N

Social Worker _____

Physical Evidence Recovery Kit (PERK) completed? NO YES PERK was requested but denied

Incident Reported to Law Enforcement? NO YES, Officer Name & Number: _____

Emergency Protective Order (EPO) Requested? NO YES EPO Issued? NO YES

Additional Notes/Information: _____

- Services Provided: Counseling/Support Information/Community Referral (verbal or written) Crisis Intervention Safety Planning Education on DV/SV (verbal or written) Folder Provided Hotline Referral * RHART Bag Provided

How will receiving funds help to keep you safe?

Date	Type of Card(s) Given	Card ID #	Other Assistance
			() Hotel # days _____
			() GRTC bus ticket
			() Greyhound
			() Taxi
			() Hotel # days _____
			() GRTC bus ticket
			() Greyhound
			() Taxi

AMOUNT GIVEN: _____

Professional's Name and Signature _____

Applicant's Signature _____

Numbers for participating agencies

YWCA (804) 643 6761, ext 127 **SAFE Harbor** (804) 249 9470, ext 14 **Hanover Safe Place** (804) 314 4107

YWCA HOTLINE: 804.643.0888 STATE HOTLINE: 800.838.8238

LGBTQ HOTLINE: 1.866.356.6998