## SHELTER CONTACT SHEET

Date:	Time:	Ac	dvocate:		
Referred by:					
Type of Contact: Shelte	rPhone	Drop in	Other:		
Woman/ Survivor's I	Information	P	artner's Informa	tion	
Name:	Phon	e #: \ \ \ \	lame:		
Address:		Α	ddress:		
City/State/Zip:		C	City/State/Zip:		
Tribe:		Т	ribe:		
District:		С	District:		
Birth Date:	Age:	В	Sirth Date:	Age:	
Marital Status:		N	Marital Status:		
Accommodations Need	ded:	С	Other:		
In case of emergency co	ontact:				
(Name)			(Phone)		
Children's Names and A	Ages:				
Name:	Age:	Name:		Age:	
Name:	Age:	Name:		Age:	
Name:	Age:	Name:		Age:	
Are you a veteran?	Do you spe	ak Native lanç	guage?What	is your ethnicity?	
Is an Order for Protection	on in place or p	ending? Yes	No Whi	ch Court?	
In order to provide approplease let the advocate					utilizing the justice systen n assist you with.
Is your partner on P	robation?	_ What cour	t?		
Were the police called	d regarding yo	ur situation?	Yes	No	
Who was the officer(s	s) that respond	led?			
***Actions taken by o	officer:				

***What is your opinion of the police response?
<b>SUMMARY:</b> What happened? Provide description of injuries, threats, medical treatment; is there a current Protection Order on file, past filing of Orders for Protection; coming from another reservation, social services, religious/spiritual or other system responding to the violence? ***
Advocate SignatureDate:
Resident SignatureDate:

\*\*\* This information will be used to help develop appropriate law enforcement, criminal justice and other systems and program's responses to survivors to prioritize safety and accountability.