

NEW CLIENT INTAKE FORM

County of Napa, Family Justice Center 1546 First Street Napa, CA 94559
Tel. (707) 255-1855 Fax (707) 265-8241 www.monarchjusticecenter.org



Monarch Justice Center Assessment & Intake

Staff Use Only: _____ Date: _____ Case Number: _____ Advocate Initials: _____

Confidentiality Statement: All information shared and discussed with The Center for Family Justice Advocates is privileged and confidential. Information will not be disclosed to outside persons unless there is evidence of child abuse, elder abuse, abuse of persons with disabilities and/or you are a risk to yourself or others, or you give The Center for Family Justice written permission to release such information.

How did you hear about The Monarch Justice Center(The Monarch)? _____ Have you been to The Monarch before? _____ Yes _____ No If YES, when and what program? _____

Preferred Name: _____ Date of Birth: _____ Age: _____

Gender Identity: _____ Female _____ Male _____ Transgender Female _____ Transgender Male _____ Other _____ Unknown _____ Decline

Preferred Pronouns: _____ Primary Language: _____ Interpreter Needed? _____ Yes _____ No Current

Address: Street/Unit/Apartment #: _____

City/Town & State: _____ Zip Code: _____ Number of people in Household: _____

Contact Phone Numbers:

1. _____ Type: _____ Home _____ Cell _____ Work _____ Other _____ Email: _____

Does anyone other than you have access to this phone? _____ Yes _____ No _____ If YES, who? _____

Do you accept calls from blocked/restricted numbers? _____ Yes _____ No Are we able to safely leave a message? _____ Yes _____ No If

NO, clear follow-up plan to ensure contact with assigned advocate: _____

2. _____ Type: _____ Home _____ Cell _____ Work _____ Other _____ Email: _____

Does anyone other than you have access to this phone? _____ Yes _____ No _____ If YES, who? _____

Do you accept calls from blocked/restricted numbers? _____ Yes _____ No Are we able to safely leave a message? _____ Yes _____ No If

NO, clear follow-up plan to ensure contact with assigned advocate: _____

Racial/Ethnic Identity: _____ American Indian/Alaskan Native _____ Black/African American _____ Hispanic/Latinx _____ White/Caucasian

_____ Native Hawaiian/Pacific Islander _____ Asian _____ Other _____ Decline to Respond _____ Unknown

Sexual Identity: _____ Lesbian _____ Gay _____ Bisexual _____ Questioning _____ Heterosexual _____ Asexual _____ Other _____ Unknown _____ Decline

Marital Status: _____ Married _____ Divorced _____ Separated _____ Single _____ Widowed _____ Domestic Partnership _____ Common Law _____ Decline

Education: _____ Graduate Work or Degree _____ Some College or Degree _____ High School Diploma/GED _____ Some High School

_____ No High School _____ Student Pre-K _____ Student K-5 _____ Student 6-8 _____ Unknown _____ Decline

_____ Current College Student (Include Name of Institution): _____

Military Status: _____ Active _____ Veteran _____ N/A U.S. Citizenship: _____ Yes _____ No _____ Undocumented _____ Unknown

Household Income: _____ No Income _____ Less than \$10,000 _____ \$10,001-\$15,000 _____ \$15,001-\$30,000 _____ \$30,001-\$45,000 _____ \$45,001-\$60,000

_____ \$60,001-\$75,000 _____ \$75,001-\$90,000 _____ \$90,001-\$105,000 _____ \$105,001-\$120,000 _____ \$120,001-\$135,000

_____ \$135,001-\$150,000 _____ \$150,001-\$165,000 _____ Greater than \$165,001 _____ Unknown _____ Decline

Primary Income Source: _____ Secondary Income Source: _____

****NOTE:** We are required to ask about income for our funding sources. All of The Center for Family Justice's internal programs are free.

Do you have any physical/behavioral health needs or challenges? _____ Yes _____ No _____ Unknown _____ Decline

If YES, please check the appropriate box/describe below: _____ Physical _____ Hearing _____ Vision _____ Behavioral _____ Emotional _____ Mental _____ Other _____

Do you need any police or medical attention right now? _____ Yes _____ No

Type of abuse for which you need support: _____ Domestic Violence _____ Sexual Violence _____ Elder Abuse _____ Other _____

As a result of the abuse, you, or your loved one, has experienced, in what ways can we begin to support you?

_____ Create a Plan to Stay Safe _____ Emergency Shelter/Relocation _____ Keeping your address Confidential ("Safe at Home")

_____ Filing a Restraining Order _____ Criminal Case Alerts (V/W) _____ Talking to Police (filing report, police escort, etc.)

_____ Financial Reimbursement _____ Basic Needs (food, clothing, etc.) _____ Legal Support (divorce, custody, immigration etc.)

_____ Individual Counseling _____ Support Group _____ Emotional Support for My Child

_____ LGBTQ+ Support/Services _____ Wellness Classes (yoga, meditation) _____ Workshops (financial, housing, employment, etc.)

_____ Other: _____