

CREVAA Referral

A. Intake/Assessment

A Intake/Assessment

1. What is the date of the referral?

____/____/____

2. What is the name of the person conducting this referral?

3. Who was the client referred by?

- 1 - APS (Adult Protective Services)
 2 - District Attorneys Office
 3 - Law Enforcement
 4 - Vulnerable Adult Protective Investigative Team (VAPIT)
 5 - Victim Services Coordinator
 6 - Other

4. Name of the referring agency's Contact

5. Referring agency's address

6. Referring agency's Phone #

7. What is the cell phone number for the Referrer?

8. What is the referrer's e-mail address?

9. Does the client know the referral is being made?

- 1 - Yes
 2 - No

10. What crime(s) were perpetrated against the victim?

- Adult Physical Assault (includes Aggravated and Simple Assault)
 Adult Sexual Assault
 Adults Sexually Abused/Assaulted as Children
 Arson
 Bullying (Verbal, Cyber or Physical)
 Burglary
 Domestic and/or Family Violence
 DUI/DWI Incidents
 Elder Abuse or Neglect
 Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (Explanation Req.)
 Human Trafficking: Labor
 Human Trafficking: Sex
 Identity Theft/Fraud/Financial Crime
 Mass Violence (Domestic/International)
 Other (If other, please explain:)
 Other Vehicular Victimization (e.g. Hit and Run)
 Robbery
 Stalking/Harassment
 Survivors of Homicide Victims
 Terrorism (Domestic/International)

11. Comment on type of crime committed and by whom:

12. Comment on type of assistance requested.

B. Individual Identification

B Individual Identification

1. What is the client's first name?

2. Enter the client's 'also known as' first name.

3. What is the client's middle initial?

4. What is the client's last name?

5. What is the client's date of birth?

____/____/____

6. Enter the client's telephone number.

7. Alternate telephone number for client

8. What is the client's e-mail address?

9. Enter the client's residential street address.

10. Enter the client's residential city or town.

11. Enter the client's residential zip code.

12. What county does the client reside in?

13. Describe how to get to the client's home.

14. If different than residential, enter the client's mailing street address or Post Office box.

15. If different than the residential city or town, enter the client's mailing city or town.

16. If different than the residential state, enter the client's mailing state.

17. If different than the residential zip, enter the client's mailing ZIP code.

Select the client's current living arrangement.

- 1 - Assisted living facility
- 2 - Board and Care
- 3 - Home of Another
- 4 - Hospital facility
- 5 - Information unavailable
- 6 - Lives Alone
- 7 - Lives in a group setting with non-relatives
- 8 - Lives with friend
- 9 - Lives with child (not spouse)
- 10 - Lives with other family member
- 11 - Lives with others (not spouse or children)
- 12 - Lives with paid help
- 13 - Lives with spouse and others
- 14 - Lives with spouse only
- 15 - No permanent residence (homeless)
- 16 - Nursing facility
- 17 - Other
- 18 - Psychiatric Hospital
- 19 - Unknown

C. Demographics

C Demographics

1. What is the client's ethnicity?

- 1 - Hispanic or Latino
- 2 - Not Hispanic or Latino
- 3 - Unknown

2. What is the client's race?

- 1 - American Indian/Native Alaskan
- 2 - Asian
- 3 - Black/African American
- 4 - Native Hawaiian/Other Pacific Islander
- 5 - Non-Minority (White, Non-Hispanic)
- 6 - White-Hispanic
- 7 - Other

3. What is the client's gender?

- 1 - Male
- 2 - Female
- 3 - Other

4. Select the client's current marital status.

- 1 - Single
- 2 - Married
- 3 - Divorced
- 4 - Widowed
- 5 - Separated
- 6 - Other

D. Social Screening

D Social Screening

1. Is there a friend or relative that could take care of the client for a few days?

- 1 - Yes
- 2 - No

2. What services were recommended for the client?

- Adult Day Care
- Adult Day Support
- Case Management
- Communication Device
- Congregate Meals
- Durable Medical Equipment
- Emergency Clothing
- Emergency Food
- Emergency Housing
- Emergency Move
- Homemaker Services
- Medication
- Minor Home Repairs & Maintenance
- Nursing facility
- Personal Care
- Protective Services
- RHA / ACLF
- Therapeutic Counseling
- Transportation/Escort
- Transportation/Medical
- Transportation/Regular

3. Date of alleged crime

____/____/____

E. Health Screening

E Health Screening

1. Is the client homebound?

- 1 - Yes
- 2 - No

Title :

Date

Title :

Date