



## **TUNICA-BILOXI VICTIM SERVICES INTAKE QUESTIONNAIRE**

Please read and complete to the best of your ability. If you are unable to complete on your own, please ask for assistance.

**Date:** \_\_\_\_\_ **Roll Number:** \_\_\_\_\_

### **SECTION1. YOUR INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other name(s) you have used: \_\_\_\_\_

Date of Birth: (Month/Date/Year) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female\_\_\_\_ Male\_\_\_\_

Are you under 18 years of age? Yes\_\_\_\_ No\_\_\_\_

If yes, name of parent/guardian\_\_\_\_\_

Race: American Indian \_\_\_\_ Asian \_\_\_\_ Black/African American \_\_\_\_ Native Hawaiian or  
Other Pacific Islander \_\_\_\_ Hispanic/Latino \_\_\_\_ White\_\_\_\_ Other: \_\_\_\_\_

Are you a Tunica-Biloxi Tribal Member?

Are you disabled? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### **SECTION 2. ABUSER'S INFORMATION**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other name(s) used: \_\_\_\_\_

Date of Birth: (Month/Date/Year) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female\_\_\_\_ Male\_\_\_\_

### **SECTION 3. INCIDENT/S OF VIOLENCE & COURT RELATED INFORMATION**

Are you a victim of (Check all that apply): Verbal Abuse \_\_\_\_ Psychological Abuse \_\_\_\_ Sexual Abuse \_\_\_\_ Physical Abuse \_\_\_\_ Stalking \_\_\_\_

When did the last incident of abuse take place? \_\_\_\_\_

Did you call the police? Yes \_\_\_\_ No \_\_\_\_ If yes, which Police Department? \_\_\_\_\_

Was the abuser arrested? Yes \_\_\_\_ No \_\_\_\_ Is the abuser still in custody? Yes \_\_\_\_ No \_\_\_\_

Do you have an Order of Protection against the abuser now? Yes \_\_\_\_ No \_\_\_\_

Did the abuser cause property damage? Yes \_\_\_\_ No \_\_\_\_ If yes, amount of damage: \$ \_\_\_\_\_

Did you ever seek medical attention due to the incident/s of violence? Yes \_\_\_\_ No \_\_\_\_

Was a weapon used to abuse you? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: \_\_\_\_\_

Does the abuser own or possess any firearms? Yes \_\_\_\_ No \_\_\_\_ If yes, how many? \_\_\_\_\_

### **SECTION 4. FINANCIAL/INSURANCE INFORMATION**

Are you receiving benefits? Medical Insurance \_\_\_\_ SSI \_\_\_\_ Social Security \_\_\_\_ Food Stamps \_\_\_\_ Unemployment \_\_\_\_ Other \_\_\_\_

### **SECTION 5. CHILDREN'S INFORMATION**

\_\_\_\_ Not Applicable

1. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

5. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_