
DOMESTIC VIOLENCE ASSESSMENT CHECKLIST

Name:	_____	Date of Interview:	_____
Case #:	_____	Client Phone #:	_____
Registry #/CIN:	_____	Worker Name :	_____
Unit/Worker #:	_____	Worker Phone #:	_____
Referred by:	_____	Referral Phone #:	_____

Assessment Status:

- ☐ No show, appointment scheduled for _____
(date)
- ☐ Refer to appropriate worker. _____
(unit)
- ☐ Waiver not needed, declined _____
(date)
- Reason: _____
- ☐ Waiver denied _____
(date)
- Reason: _____

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- ☐ Waiver granted _____ | _____
(type) (type)
- Dates of waiver: **From:** _____ **To:** _____ | **From:** _____ **To:** _____
- ☐ Verbal assessment of immediate safety.
- ☐ Does client want reminder notice? ☐ Yes ☐ No

Documentation in DVL File

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|---|--|
| <input type="checkbox"/> DV Screening Form | <input type="checkbox"/> Referral for Services |
| <input type="checkbox"/> Model Assessment Tool | <input type="checkbox"/> Service Plan <i>(if waiver granted)</i> |
| <input type="checkbox"/> Credibility was assessed by: | <input type="checkbox"/> Notice to Client |
| <input type="checkbox"/> Order of Protection | <input type="checkbox"/> Notice to Worker(s) <i>[may be written or verbal]</i> |
| <input type="checkbox"/> Sworn Statement | <input type="checkbox"/> Safe Address <i>[other than current address]</i> |
| <input type="checkbox"/> Other _____
(specify) | <input type="checkbox"/> Emergency Safety Plan |

DV Subsystem (necessary for all cases)

- ☐ Data entered into DV subsystem
- ☐ Data was **not** entered into DV subsystem
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