

**RESOLUTION OF THE
HEALTH, EDUCATION AND HUMAN SERVICES COMMITTEE
23rd NAVAJO NATION COUNCIL -- Fourth Year, 2018**

AN ACTION

**RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES; APPROVING
ADVOCATE AND CRISIS INTERVENTION AND SHELTER MANUAL FOR USE BY
THE STRENGTHENING FAMILIES PROGRAM, NAVAJO NATION DIVISION OF
SOCIAL SERVICES**

BE IT ENACTED:

SECTION ONE. AUTHORITY

The Health, Education and Human Services Committee is a standing committee of the Navajo Nation Council. 2 N.N.C. § 400. Pursuant to 2 N.N.C. § 401(C)(1), the committee "serve[s] as the oversight committee for the Division of Health, Division of Social Services, Division of Human Resources, Department of Diné Education, Division of General Services ..." Among other duties and responsibilities, the Health, Education and Human Services Committee is authorized to "establish Navajo Nation policy, promulgate rules and regulations governing health, social services, education, human services and general government services of the Navajo Nation and its tribal organizations, entities, and enterprises." 2 N.N.C. § 401(B)(1).

SECTION TWO. FINDINGS

- A. The Strengthening Families Program is established within the Division of Social Services. HEHSCS-25-16. Generally, the purpose of the program is to provide shelter services, crisis intervention and supportive services for victims of domestic violence. HEHSCS-25-16.
- B. Navajo Nation continues to experience high rates of violence requiring more specific services that can adequately provide effective services to victims of such violence. Strengthening Families Program will, within the Navajo Nation, assist victims of domestic violence.

- C. There are challenges in regards to providing immediate assistance to victims of violence living in remote communities of the Navajo Nation. In these remote communities, among other challenges, there are limited internet and phone services. In addressing these challenges, Victim Witness Advocates can assist victims with transportation for medical services, transportation to safe shelters and/or obtaining protection orders from courts. The primary goal is to ensure that victims and their dependents are in a safe environment.
- D. Strengthening Families Program will provide 24/7 shelter services for victims of domestic violence, family violence and dating violence. Victims will be able to remove themselves from unhealthy situations and experience an environment of empowerment, making choices that are healthy and violence free.
- E. Strengthening Families Program will provide crisis intervention and support services. Victim Witness Advocates will transport victims to shelters and court hearings, provide court accompaniment for support, assist with Temporary Protection Orders, and provide support services to victims and their dependents. Such services will include safety planning, information and referral to community based services and provide information about Victim Compensation. With all services provided, the privacy and confidentiality of clientele will be protected and respected at all times.
- F. Community Involvement Specialists will provide prevention awareness and education, reducing incidents of family, domestic and dating violence, sexual assault and human trafficking on the Navajo Nation. Specialists will conduct outreach and training on culturally relevant teachings on healthy relationships, effects of domestic violence on children, positive parenting, dating violence, sexual assault prevention and human trafficking.
- G. It is in the best interests of the Navajo Nation that policies be approved for advocacy, crisis intervention, and residential shelters.

SECTION THREE. APPROVING ADVOCATE AND CRISIS INTERVENTION AND SHELTER MANUAL

The Navajo Nation approves the Advocate and Crisis Intervention and Shelter Manual, as attached as **Exhibit A**.

SECTION FOUR. AMENDMENTS

Policies within the Advocate and Crisis Intervention and Shelter Manual may be amended from time to time by the Health, Education and Human Services Committee of the Navajo Nation Council.

CERTIFICATION

I, hereby, certify that the following resolution was duly considered by the Health, Education and Human Services Committee of the 23rd Navajo Nation Council at a duly called meeting at Window Rock, (Navajo Nation) Arizona, at which a quorum was present and that same was passed by a vote of 3 in favor, 0 opposed, 1 abstained this 12th day of February, 2018.



Jonathan L. Hale, Chairperson
Health, Education and Human Services Committee

Motion: Honorable Norman M. Begay
Second: Honorable Nathaniel Brown



THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE-PRESIDENT

December 12, 2017

Navajo Nation 23rd Council
ATTN: Amber K. Crotty, Delegate
PO Box
Window Rock, AZ. 86515

RE: Sponsorship of Doc. No. 009310

Dear Honorable Delegate Crotty,

Attached you will find the Strengthening Families Program's policies that have been through the Executive Official Review. The document is ready to be presented for Health, Education & Human Services Committee's approval. We respectfully ask if you can please sponsor this on behalf of Strengthening Families Program.

As a new program, SFP is looking forward to establishing a credible policy that can provide guidance to all staff who provide services within the SFP scope of work, and more importantly to ensure proper delivery of services to clients. It's essential for each program to have their policies for guidance and compliance.

Should you have any questions please feel free to call me at 928-871-7629. Thank you.

Respectfully,

A handwritten signature in black ink, appearing to read "LB", is written over a circular stamp.

Lucy Laughter-Begay, Program Manager II
Strengthening Families Program (SFP)
Window Rock, Arizona

Cc: file

Document No. 009310Date Issued: 12/06/2017**EXECUTIVE OFFICIAL REVIEW**Title of Document: SFP Policy Manual Contact Name: LAUGHTER-BEGAY, LUCY ANNProgram/Division: DIVISION OF SOCIAL SERVICESEmail: llaughterbegay@navajo-nsn.gov Phone Number: 871-7629

☐ **Business Site Lease**

			Sufficient	Insufficient
1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Office of the Controller:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
(only if Procurement Clearance is not issued within 30 days of the initiation of the E.O. review)				
3. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Business and Industrial Development Financing, Veteran Loans, (i.e. Loan, Loan Guarantee and Investment) or Delegation of Approving and/or Management Authority of Leasing transactions**

1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Fund Management Plan, Expenditure Plans, Carry Over Requests, Budget Modifications**

1. Office of Management and Budget:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Office of the Controller:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Navajo Housing Authority Request for Release of Funds**

1. NNEPA:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Lease Purchase Agreements**

1. Office of the Controller:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
(recommendation only)				
2. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Grant Applications**

1. Office of Management and Budget:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Office of the Controller:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☒ **Five Management Plan of the Local Governance Act, Delegation of an Approving Authority from a Standing Committee, Local Ordinances (Local Government Units), or Plans of Operation/Division Policies Requiring Committee Approval**

1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Office of the Attorney General:		Date: <u>12/11/17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

☐ **Relinquishment of Navajo Membership**

1. Land Department:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Elections:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Land Withdrawal or Relinquishment for Commercial Purposes**

			Sufficient	Insufficient
1. Division:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Land Withdrawals for Non-Commercial Purposes, General Land Leases and Resource Leases**

1. NLD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. F&W	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. HPD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. NNEPA	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. DNR	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. DOJ	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Rights of Way**

1. NLD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. F&W	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. HPD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. NNEPA	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. Office of the Attorney General:	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. OPVP	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Oil and Gas Prospecting Permits, Drilling and Exploration Permits, Mining Permit, Mining Lease**

1. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. OPVP	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. NLD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **Assignment of Mineral Lease**

1. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. DNR	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. DOJ	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ **ROW (where there has been no delegation of authority to the Navajo Land Department to grant the Nation's consent to a ROW)**

1. NLD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
2. F&W	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. HPD	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Minerals	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. NNEPA	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
6. DNR	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. DOJ	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. OPVP	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

☒ **OTHER:**

1. <u>Denise J. Mason</u>	NDSS-Executive Director	Date: <u>12/6/17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. _____	DOJ	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	OPVP	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	Oversight Committee	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	Date: _____	<input type="checkbox"/>	<input type="checkbox"/>




THE NAVAJO NATION

RUSSELL BEGAYE PRESIDENT
JONATHAN NEZ VICE PRESIDENT

MEMORANDUM

TO : Executive Reviewers

FROM : 
Terrelene G. Massey, Esq. Executive Director
Division of Social Services

DATE : December 6, 2017

SUBJECT : Executive Official Review no. 9310
RE: SFP Policy Manual

The Strengthening Families Program (SFP) has completed the policy manual. SFP aims to provide prevention, education, crisis intervention, supportive and shelter services for victims of domestic, family, dating and sexual violence and human trafficking.

The Victim Witness Advocates (VWA) are assigned to provide direct services to victims and their families. There are VWA's assigned to Western, Southwest, Eastern and Fort Defiance regions and the shelter will have 5 advocates to ensure the operation of the 24/7 shelter.

Policies will help guide the SFP staff who provide direct services. As a new program we are aware a review is necessary to ensure compliance.

If you have any questions, please contact me at 928.871.6851 or Mrs. Lucy Laughter-Begay, SFP Program Manager II at 871-7629 or by email at llaughterbegay@navajo-nsn.gov. Thank you.

xc: file



THE NAVAJO NATION

RUSSELL BEGAYE ... ID
JONATHAN NEZ ...

MEMORANDUM

TO : ALL CONCERNED

FROM : Terrelene G. Massey
Terrelene G. Massey, Esq., Executive Director
DIVISION OF SOCIAL SERVICES

DATE : December 6, 2017

SUBJECT : DELEGATION OF AUTHORITY

Beginning December 6, 2017 at 3:00 pm and ending at 5:00 pm or upon return of a Standing Delegatee to the office, Ms. Francine Roanhorse, Administrative Service Officer will be delegated to oversee and direct routine duties and/or activities of the division during my absence. She is authorized to act on all routine office activities such as unexpected leave request, IPO's, off reservation memorandums, budget matters. Personnel Action Forms, OHA agreement and shall be reviewed and approved by the Executive Director.

In the event of uncertainty or further clarification is needed or questions arise on any matter regarding the signing of any documents or other issues, you may wait until I return or contact me for consultation.

All staff are expected to cooperate and follow the order of this delegation. Your cooperation and assistance is appreciated.

ACKNOWLEDGED:

Francine Roanhorse
Francine Roanhorse, Administrative Service Officer
DIVISION OF SOCIAL SERVICES

DISTRIBUTION

11



NAVAJO NATION DEPARTMENT OF JUSTICE

DOCUMENT REVIEW REQUEST FORM



DOJ
12-06-17 435pm
DATE / TIME
<input type="checkbox"/> 7 Day Deadline
DOC #: 009310
SAS #:
UNIT: H59W

☐ RESUBMITTAL

*** FOR NNDOJ USE ONLY - DO NOT CHANGE OR REVISE FORM. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. ***

CLIENT TO COMPLETE			
DATE OF REQUEST: December 6, 2017		ENTITY/DIVISION: Social Service	
CONTACT NAME: Lucy Laughter-Begay		DEPARTMENT: Strengthening Families Program	
PHONE NUMBER: 928-871-7629		E-MAIL:	
TITLE OF DOCUMENT: NO. 9310 SFP Policy Manual			
DOJ SECRETARY TO COMPLETE			
DATE/TIME IN UNIT: 12/6/17 @ 445pm		REVIEWING ATTORNEY/ADVOCATE: KM	
DATE/TIME OUT OF UNIT: 12/11 @ 132		LS	
DOJ ATTORNEY / ADVOCATE COMMENTS			
Appears legally sufficient.			
REVIEWED BY: (PRINT)		DATE / TIME	
SURNAMED BY: (PRINT)		DATE / TIME	
Kandis Martinez		12/11/17 10:36 am	
DOJ Secretary Called: Shaney		for Document Pick Up on 12/11 at 132 By: Shubito	
PICKED UP BY: (PRINT)		DATE / TIME:	



Navajo Nation Strengthening Families Program

ADVOCATE & CRISIS INTERVENTION And SHELTER MANUAL

December 2017

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Back Ground

Strengthening Families Program (SFP) is a new program established within the Navajo Nation Division of Social Services and the plan of operation was approved by resolution HEHSCS 25-16 on September 21, 2016. The Strengthening Families Program (SFP) commenced on October 1, 2016.

SFP Purpose

The Navajo Strengthening Families Program (SFP) will provide prevention education, crisis intervention/services, advocacy, 24/7 residential shelter and supportive services for victims and their dependents of domestic, family and dating violence, and victims impacted by sexual trauma as a result of sexual assault and/or sex/human trafficking. SFP will aim to provide services in a culturally appropriate and sensitive manner and ensure services are in accordance with Navajo cultural values and traditions.

Mission Statement:

Strengthening Families Program (SFP) will provide all victims within the Navajo Nation culturally holistic relevant prevention education, advocacy and supportive services and a safe shelter for immediate safety that will promote healing. All services will be provided in a supportive, safe and healing environment that will foster the ability to self-advocate with confidence.

Vision Statement:

Healthy, Resilient & Empowered Communities through teachings of cultural identity,
respect and K'e.

Nasgó hozhóógo náani'tin dóó k'e beehółdzilgo he'niinaado.

DEFINITIONS

Abuse: any form of cruel treatment to control a person through psychological, emotional, physical, verbal, financial, spiritual or sexual harm.

Abuser: a person who engages in abusive behaviors against another individual.

Admission: the process of placement into the shelter.

Adult: means male or female whom is eighteen (18) years of age or older, or a person who is otherwise emancipated by a court order.

Advocate: means any individual who provides support for a victim but not a legal advocate.

Assault: an act that causes bodily harm to another through violent use of force.

Coercion – compelling or persuading through force, intimidation or threats against a person's rights and will.

Confidentiality: an act in keeping client information in strict privacy.

Contraband: any possession of items that can endanger the safety of others.

Dating Violence: an act of controlling, abusive and aggressive behavior in a romantic or intimate relationship.

Dependent: a child under the age of 18 years old.

Domestic Violence: a felony or misdemeanor crime used to control an individual. Current or former spouse or intimate partner of the victim can commit the violence by use of threats, physical violence or shrewd tactics such as isolation, gestures, or other body language to intimidate and gain control over the victim.

Elder: is a person who is at least fifty-five (55) years of age or older.

Emergency: a situation in which an individual is in immediate danger and at risk for their safety.

Emotional abuse: use of threats, intimidation, or extreme ridicule to inflict humiliation and emotional suffering upon another.

Family Member: any individual who is a spouse, former spouse, household member, parent, legal guardian, present or former stepparent or stepchild(ren), or former in-law, or relative to the second affinity which includes aunts, uncles, nieces, nephews, cousins, grandparents, grandchildren, or an individual whom one has a continued personal relationship.

Family Violence: a felony or misdemeanor crime used to control a family member. The violence can be committed by a family member (s) of the victim by use of threats, physical violence or shrewd tactics such as isolation, gestures, or other body language to intimidate and gain control over the victim.

Harassment: Unwelcome behaviors that causes emotional harm and distress to another by threatening, shaming, degrading, humiliating, placing in fear, or otherwise abusing personal dignity.

Human Trafficking: Illegal transportation, transferring, harboring, and abduction of a person for the purposes of forced and coerced for labor or commercial sexual exploitation, i.e., prostitution, pornography, violence/sexual exploitation, involuntary servitude, debt bondage (with unfair wages), slavery/similar practices. Including but not limited to illegal harvesting of human organs, tissues and body parts for financial exploitation.

1. Sex Trafficking:

The sex trafficking means the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of forced and coerced commercial sex act, prostitution, pornography, violence/sexual exploitation

2. Labor Trafficking:

Forced of a victim to work against his or her will under a threat of violence or other punishment. Freedom of a victim is restricted and a degree of ownership is exerted over him or her. Labor trafficking includes debt bondage.

Intake: the process of documenting information for SFP services via mail, telephone calls, emails, fax and in person.

Intervention Plan: the process where the VWA assists and guides the client to identify their need(s) and develop goals and objectives.

Intimate Partner Violence (IPV): a term used interchangeably with “domestic violence,” “dating,” and “family violence.”

Intimidation: to place and cause fear upon another person through threats, coercion, and extortion.

Offender: other terms used: respondent, batterer, abuser, perpetrator, suspect. The individual who has inflicted harm, fear, threats, assaults, coercion, and assault on a victim.

Personally Identifying Information or Personal Information: any identifying information for or about an individual, including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, regardless of whether the information is encoded, encrypted, hashed, or otherwise protected.

Physical Abuse: an injury intentionally inflicted upon a person that results in fractured or broken bones, burns, severe and/or frequent bruises, and any other major bodily injuries.

Protection order: a court order that restrains the abuser/perpetrator from certain acts. Such an order may contain requirements to adjust the relationship of the parties and prevent further abuse. The term includes any emergency, temporary or domestic abuse protection orders issued by any Court.

Referral: The act of directing a client for services; for consultation, review, and further support services.

Resident: any individual occupying the shelter.

Retaliation: Act of threats or injuries to a client, client's family, property, and employment status.

Safety Plan: A personalized plan that includes ways to remain safe in an abusive relationship, planning to leave, or after leaving.

Sexual Abuse: a pattern of abuse through force, intimidation, duress, or fraud that is sexual in nature.

Sexual Assault: a sexual act in which a person is coerced or physically forced to engage against their will, or non-consensual sexual touching of a person. Sexual assault is a form of sexual violence, and it includes rape, groping, child sexual abuse, fondling, sodomy, oral, or the torture of the person in a sexual manner

Shelter: The temporary living arrangements i.e, safe homes, hotels, or shelter for victims and their dependents of family violence, domestic violence, or dating violence, sexual assault and human trafficking.

Spouse: means wife or husband, including common law and traditional.

Stalking: A pattern of repeated, unwanted attention, harassment and contact.

Supportive Services: Services that include supportive counseling, court support, victims compensation, safety planning, referrals, and transportation for victims of domestic violence, dating violence, family violence, sexual assault and human/sex trafficking.

Threatening: words or conduct which place another in fear of bodily harm or property damage.

Verbal Abuse: any form of harsh words that degrades, humiliates, and or intimidates a victim.

Victim: any person who has been directly affected by domestic, family, dating and sexual violence.

Victim Compensation: payments to victims for crime related expenses; i.e., medical, mental health counseling, lost wages, funeral and burial cost, loss of support, and or traditional healing.

CLIENT RIGHTS AND RESPONSIBILITIES

Strengthening Families Program (SFP) staff will ensure all clients are properly informed of their rights and responsibilities. SFP Staff will explain to the client in the language they understand and allow time to properly answer any questions.

A. Client Rights, each client has a right to:

1. Expect quality and professional services.
2. Be treated with respect and dignity.
3. Privacy, which includes protection of any identifying information
4. Not be discriminated against in the delivery of services based on race, ethnicity, national origin, religion, sex, age, mental or physical disability, sexual orientation, or source of payment.
5. Culturally sensitive and competent services
6. Participate in decision-making concerning services offered to them.
7. Be informed of available services
8. Information regarding their rights and grievance process.
9. Access to their case file in accordance with Navajo Nation and other applicable laws.

B. Client responsibilities include the following:

1. To provide accurate and complete information about present conditions, previous services and any other information related to current situation.
2. Complying with all established rules of the Shelter.
3. Being considerate of the rights of others, including maintaining confidentiality of other clients.
4. Being respectful of the property of others, including clients, staff and SFP.
5. Refraining from verbal and/or physical abusive conduct toward other client(s) and SFP staff.

GRIEVANCE PROCEDURE:

This procedure will apply to all SFP clients receiving SFP services; shelter or non-shelter.

Policy

1. There may be instances when SFP is unable to obtain the desired outcome for an individual due to factors beyond their control, such as funding restrictions or organization policies.
2. The policy is to provide all SFP clients an opportunity to resolve any complaint(s) or dispute(s) regarding services.
3. Clients will be informed of the grievance procedure.

Procedure

1. Client will provide a grievance in writing with specific date/time, and nature of concern/complaint.
2. The grievance will be given to the PVWA who will respond to the grievance within five (5) working days.
3. The PVWA shall:
 - a. Contact staff member(s) and if necessary, other clients identified in the grievance to investigate the concern/complaint.
 - b. Upon completion of investigation provide a written response to the client and attempt to resolve the grievance informally. If no resolution, inform client of right to appeal to the SFP Program Manager within five (5) working days of receiving the PVWA's response.
4. Within fifteen (15) working days of the grievance being appealed, the SFP Program Manager shall meet with the client regarding the grievance and take appropriate action to resolve the grievance.
5. Any client who files a grievance with SFP has the right to bring an individual with them to the meeting with the SFP Program Manager to act as a witness to the grievance process. The individual bringing the appeal and witness shall agree that confidentiality shall be maintained and both parties will sign a confidentiality form.
6. Decisions made by the SFP Program Manager shall be final and binding.
7. Any person who feels it necessary to initiate a grievance proceeding should be aware that any information in a grievance shall be confidential unless waived by the client initiating the grievance.

CONFLICT OF INTEREST:

In an effort to maintain a high standard of conduct and ethics, SFP will comply with the following:

1. The individual, SFP Staff or SFP client, shall disclose any conflicts of interest between staff or clients to the PVWA. (i.e., Family member, in-laws, and perpetrator). If the conflict is with the PVWA, it needs to be reported to the SFP Program Manager.
2. When a conflict concerns an SFP staff member, that person will be required to recuse themselves during any interactions with the client that is involved in the conflict. That client will be assigned a new SFP staff member to work with.
3. If a previous perpetrator comes to SFP as a victim for services, they will be assigned a different VWA from another SFP office.
4. When victims are involved with the same perpetrator, VWA will take steps to ensure safety for both victims; i.e., placement/transport to other shelters.
5. Perpetrator and victim, former or current, are never to be placed at the SFP shelter together.

Advocate & Crisis Intervention Manual

Referral/Intake Process

1. All referrals/intakes will be received by telephone, in person, and or by other electronic means (i.e. facsimile, email).
2. The Strengthening Families Program (SFP) Intake form will be completed by SFP staff. Completed Intake form for services will be reviewed and assessed by SFP Manager and or designee for appropriate action.
3. At no time will the Victim Witness Advocates (VWA) act as a first responder in a situation or at a home where there is risk of harm to the worker and client. For those situations, Law Enforcement shall be called immediately.

Non Shelter Services:

1. Primary goal will be to ensure each client's safety.
2. Intake for individuals/families who do not need shelter services but request services (i.e., protection order, domestic violence education classes, prevention services, transportation, etc.) will be referred to the SFP Manager (or designee) to review.
3. If assigned, the VWA will sign and date the Intake form to acknowledge the assignment and proceed in initiating contact with the client.
4. VWA will interview the client and determine what services the client wants and needs (i.e. protection order, transportation, etc.).
5. VWA will proceed in helping the client develop the intervention and safety plan.
6. VWA will follow the appropriate case set up to ensure the client's identifying information is protected at all times (before/during/after services are rendered).

Case file Set Up : applies to all cases, shelter and non shelter.

Labels:

Location- Program-Month/day/Year-individual case

Example: DK-062517-001

Sections of Casefile:

Section One (1)

1. Case File Sign In/Out Sheet
2. Intervention Plan
3. Supporting Documents
 - a. Protection orders
 - b. Court orders
 - c. Photos
4. Case Closure Form

Section Two (2)

1. Progress Notes
2. Intake
3. Request for Services
4. Referral Information
5. Assessment(s)
6. Confidentiality Statement

Documentation:

For documentation purposes, SFP staff will use the narrative NAPX format specified in the DSS Professional Standards, Ethics and Case Management Protocol. Narrative must be recorded in case file within fifteen (15) hours of any case activity. Case progress notes are to follow the narrative, assessment, plan format. Other important guidelines for documenting progress notes include:

1. Progress notes will be in continuous chronological order; and there are to be no spaces between entries to prevent insertion of notes at a later date.
2. Strike through all mistakes and initial/date next to the corrections.

N = Narrative

- a. Provide a brief description of the services being requested and services to be provided.

A = Assessment

- a. Brief description of worker's assessment within the scope of their discipline, and expertise.

P = Plan

- a. Actions which you have or will take as a result of analyzing the narrative section and your assessment. For example, transport to shelter with date and time after client is accepted.

X= entries

- a. Written in a paragraph form and use for routine notes, indicating client movement to and from placement, referred to other resources, or documenting any other activity that is considered routine for an example: Scheduling of staffing, medical appointments, & other meetings.

Record Keeping: SFP will create individualize case file for each client and adhere to the following guidelines:

1. The case file is protected at all times from loss, damage, or alteration.
 - a. All case file shall be kept in a safe locked file cabinet.
 - b. All case file removed from the general filing system must be signed in/out with the name of the worker, time and date of return. Any professional who has access to the file for auditing, review, etc must sign the case out/in with the exception of the immediate supervisor and the assigned worker.
 - c. The case file must be returned to the file cabinet at the end of each day.
 - d. No case file, other than for court appearances, shall be removed from the office unless the supervisor approves it.
2. All client documents are confidential and can only be release with proper authorization.
3. All documentations are to be legible and recorded in ink or electronically recorded.
4. Contains entries that are dated and signed and can be authenticated by the individual making the entry when necessary.
5. Is current and accurate.
6. Contains original documents and original signatures, or initials. Non changing personal identifying information for eligibility purposes are to be copied and the date of receipt and who received the documents is to be recorded. The client retains the original non changing vital documents (CIB, SS, Birth Certificates, etc.).
7. All case file will archived and disposed of according to the policies and procedures to ensure client confidentiality.

Shelter Services Manual

Shelter Admission Process:

1. All referrals will be received by telephone, in person, and or by other electronic means (i.e. facsimile, email). The SFP Intake form will be completed by Shelter staff.
2. Shelter Manager will review the completed intake form and take appropriate action.
3. If intake is accepted for client to be admitted the assigned Shelter staff will make contact with client to arrange transport and or pick up.
4. Shelter staff will arrange to meet referring agencies (i.e., police, family, friends), to assist client to the shelter.
 - a. Designated pick up areas will be identified and verbally communicated to the person assisting the client.
5. Obtain required forms:
 - a. Intake Questionnaire Form
 - b. Confidentiality Form
 - c. Emergency Contact Form
 - i. Emergency release of minor child(ren) form (i.e. parent is unable to care for child).
 - d. Release of Confidential Information
6. Shelter staff will conduct an inventory of client belongings before admitted to shelter.
7. If shelter is at capacity, Shelter staff will coordinate with other providers for shelter services and arrange for transportation.
8. Per client's request, Shelter staff can place any valuables in a secured locker. Shelter will not be responsible for any lost, stolen, or damaged valuables of clients.

SFP Shelter Orientation

1. Shelter staff will review and explain to the client the shelter guidelines within twenty-four (24) hours of admission.
2. Staff will properly inform client of the following:
 - a. Emergency exits
 - b. Evacuation plans
 - c. Locations of fire extinguishers
 - d. How to access the first aid kit
 - e. How to report any injuries; use of the incident report form
 - f. Curfew hours
 - g. House schedules, i.e., laundry, mealtimes, phone calls, etc.

Medical/Health questionnaire:

1. Upon admission, Shelter staff will document if client has any medical and special needs that require special accommodations.
2. All prescribed medication and over the counter medication will be recorded and placed in a secure locked file.
3. Document any special accommodations and communication needs due to blindness, hearing impairment, physical disabilities, etc.

Shelter Services:

VWA will assist the client to fill out the Intervention Plan and goals upon admission. The VWA will work with client to complete his/her Intervention Plan within forty-five (45) days of admission. Intervention Plan should include the following:

- a. Specified short term goals (i.e., what the client wishes to accomplish within the week).
- b. Specified long term goals (i.e., what the client wishes to accomplish during their forty-five (45) day stay).
- c. Transitional program: VWA will research on availability of transitional programs for admission.
- d. Include the client's dependents.
- e. Available services, i.e., referral to DSR/TANF, CSBG, GA, Workforce, counseling, transportation, medical, SANE, etc.
- f. Any court ordered services.

Staff will inform client that his/her consistent and active participation will be helpful in assisting him/her reach their goals.

No Use Policy

Alcohol, illegal/recreational drugs and/or paraphernalia are not allowed on SFP Shelter premises at any time. Any illegal activities will be reported to Law Enforcement.

1. When a client informs staff that she/he is addicted to alcohol and/or illegal/recreational drugs, she/he will be provided with information regarding substance abuse treatment and prevention programs.
2. Selling or distributing alcohol or illegal substances on SFP Shelter premises is forbidden.
3. Clients who violate the alcohol/drug no use policy will be asked to leave the SFP shelter.

Personal Vehicle of Clients

1. Client s with vehicles can park at SFP Shelter. It will be at their own risk. The Navajo Nation and SFP will not be responsible for any damage to the vehicle parked at SFP shelter.
2. If perpetrator comes to claim the vehicle parked at SFP shelter, SFP staff will not allow entrance and perpetrator will be referred to local Law Enforcement to claim vehicle.

Visitors:

Visitors will not be allowed on the SFP shelter premises. Clients will arrange to visit off premises.

If a perpetrator shows up on the premises:

- a. He/she will not be allowed to enter and will be asked to leave. If he/she does not leave, Law Enforcement will be notified.
- b. Shelter security and SFP staff will not confirm or deny client is at the shelter.
- c. If a valid protection order is in place, the perpetrator will be reported to Law Enforcement for violation of protection order.

Curfew Hours:

All clients will be back at the Shelter by 7:00 pm daily. If a client needs to be out beyond curfew hours for medical, spiritual or ceremonial purposes, client must call the VWA by 5:00 pm and provide their return time.

Borrowing/Lending

1. Clients are discouraged from borrowing, exchanging or lending of money and/or personal items, i.e. tobacco products, vehicles, cell phones, clothing and personal hygiene products, with other clients or SFP staff.
2. SFP will not be responsible for any lost items or property.

Parent Responsibilities:

1. Parent will be responsible to provide supervision of their own child(ren) at all times while at the shelter.
 - a. Proper child care arrangements shall be made for their child(ren). Shelter staff are not to provide childcare services.
2. Parent will be responsible for their children's continued education while in the shelter.
 - a. Children are required to attend school unless school attendance creates safety concerns. When children cannot attend due to safety/health issues, parent will make necessary childcare arrangements.
 - b. Children enrolled in home schooling prior to entering the shelter may continue home schooling, as arranged by the parent.
 - c. Parent will make arrangements for child care when school is not in session or child is unable to attend due to illness.
3. Medical and health needs will be the responsibility of client.
 - a. Notify shelter staff if child is ill and needs medical attention
 - b. If injuries occur within the shelter premises, a shelter incident form will be completed by shelter staff and a witness.
4. Parent will be responsible in providing proper guidance for their children.
 - a. SFP promotes non-violence, therefore spanking or yelling is prohibited.
 - b. Client will be responsible to ask/seek needed support or suggestions for alternative/constructive discipline of their child(ren).
 - c. Staff can assist in accessing resources and information for proper parenting.
5. Parent is responsible for feeding their own child(ren).
 - a. Food should be eaten in the dining room. However, snacks and meals may occur in other areas in conjunction with special recreational/entertainment activities. These activities will require direct supervision by the parent.

Household Chores

To maintain a safe and clean environment, all clients at the shelter will assist in contributing to the assigned household chores. Clients are responsible

1. Keeping their assigned room cleaned on a daily basis. All belongings are to be stored in appropriate area.
2. Cleaning up after use of the kitchen and dining room areas. Dishes are to be immediately washed after each use.
3. Cleaning up after use of laundry room and bathrooms.

Room Search

To ensure safety for all clients, Shelter staff reserves the right to search any property under the control of the SFP and the person, or belongings, rooms, mail, etc., of any client in the shelter program.

1. Random room searches will be conducted.
2. Possession of ANY contraband (i.e. weapons, illegal drugs, alcohol, stolen items, etc.) is in violation of SFP shelter policy.
3. Shelter staff will not use room searches for the purpose of unnecessary harassment or to invade the privacy of residents. If a resident feel he/she is being harassed, he/she can report to the Shelter Manager.
4. During random room search, there must be two (2) staff members present at all times.
5. Any illegal items found will be reported to Law Enforcement.

Room Inspection

1. Daily room inspection will be conducted for cleanliness and safety.
2. If any contraband is discovered during a room inspection, SFP shelter staff will follow room search policy.
3. If room is found unclean or unsafe, client will be given time to correct discrepancies.
4. If client continues to neglect their responsibilities in keeping their room clean and safe, VWA will initiate a meeting with Shelter Manager and client to resolve.

Bed Bugs, Ticks and Lice : SFP is committed to provide a clean and safe shelter environment.

1. Clients will be asked about bed bugs, ticks and lice upon admission.
2. If the client and child(ren) have bed bugs, ticks, or lice, items will be put in a sealed bag and removed from shelter until it is treated or disposed.
 - a. Client and child(ren) will immediately take a shower.
 - b. All clothing will be treated.
 - c. Medical attention will be required for treatment(s) to remove hair lice.
3. When staff or client report finding of a bug on furniture, Shelter Manager will be immediately notified. Shelter Manager will take appropriate steps to have a professional exterminator to verify the type of bug.

- a. If bug is confirmed to be a bed bug, ticks or lice the furniture(s) will be removed from the shelter.
 - b. If infestation is not controlled, evacuation will commence. Shelter Manager and maintenance technician will contact a local pest control company.
 - c. Alternative placements will be arranged for client and child(ren).
4. Pest control will be scheduled monthly and maintenance technician will document all services for pest control.

Blood Borne Diseases

1. Clients will be asked if they have any blood borne diseases.
 - a. If client confirms, precautionary measures will be taken.
2. If client needs to use syringes for medical reasons, the syringes are to be disposed of properly in a designated container.
3. Any accidents with syringes, Shelter staff will have resident wash area immediately with soap and water. Shelter staff will assist client with obtaining proper medical attention, if necessary.
4. If client has an allergic reaction to any medication Shelter staff will contact 911 for immediate assistance.

Pet Policy

Shelter is not equipped to provide shelter to service animals. Any client who needs placement with a service animal, Shelter staff will make proper arrangements for another placement.

Electronic and Wireless devices

To maintain strict confidentiality and safety measures, client will be informed of the restriction on use of wireless devices to disclose their location such as taking selfies and posting on social media. Location feature on the phone must be turned off immediately upon admission into the shelter. If client is found in violation of the policy, the wireless device(s) will be confiscated and secured.

Day Pass

1. Client will arrange with VWA to obtain a Day Pass. Shelter staff will record/document request and explain curfew hours.
2. Client will provide a contact number.
3. Client will notify the shelter staff by 5:00 pm if they need to be gone beyond curfew.
4. Failure to return at designated time, may result in discharge.
5. Client will take their children with them when leaving the shelter.
6. Upon return to the shelter, staff will check all items.
7. If client returns under the influence of alcohol or drugs, Law Enforcement will be notified.
8. If client has children in their care and is under the influence of alcohol or drugs the proper authorities will be notified.

MENTAL /MEDICAL HEALTH EMERGENCY

Medical Emergencies:

1. In the case of a serious injury (i.e., sprain ankle, broken bones) shelter staff will arrange immediate transport to the medical center.
2. In case of life threatening emergency (i.e., seizures, heart attack, stroke), shelter staff will call law enforcement and request an ambulance.
3. When client requires hospitalization, proper child care will be arranged.

Mental Health Emergencies:

1. If a client becomes a danger to self and others, they will immediately be referred to appropriate resource for services.
2. Law Enforcement will be notified if client refuses services and is posing a danger to self and others.
3. When client needs hospitalization due to mental illness, proper child care will be arranged. If a client is unable to participate in planning child care, next of kin or emergency contact person will be notified.
4. PVWA will be immediately notified.
5. Shelter staff shall complete a written incident report.

Suicide Attempts

All attempts of suicide by a client will require the immediate attention of the PVWA and all shelter staff.

1. Law Enforcement will be notified IMMEDIATELY.
2. Shelter staff will notify next-of-kin for proper child care arrangements.
3. PVWA will be immediately notified.
4. Shelter staff shall complete a written incident report.

FORMS

SFP INTAKE FORM

DATE:	TIME:	SFP OFFICE:	Referring Source:
SERVICES OF SERVICES REQUESTED: <input type="checkbox"/> Crisis Intervention <input type="checkbox"/> Transportation Services <input type="checkbox"/> Court Support <input type="checkbox"/> Protection Order <input type="checkbox"/> Shelter Services <input type="checkbox"/> Victim's Compensation <input type="checkbox"/> Other _____ <input type="checkbox"/> CIS Services: _____			
TYPE OF ABUSE: Specify <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Mental Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Economic Abuse <input type="checkbox"/> Spiritual Abuse <input type="checkbox"/> Human Trafficking <input type="checkbox"/> other: specify _____			
LOCATION/ADDRESS OF HOME:			
Current location of victim:			
PHONE NUMBER TO CONTACT:			
CHAPTER AFFILIATION:			
NO. OF DEPENDENTS:			
	LAST NAME	FIRST NAME	AGE
Victim			
Offender			
Were any arrests made? Yes No Who was arrested? Victim Offender Both Name of Responding Officer? Report #:			
Brief description of incident: (How do you feel? Who was involved? What was the situation? Who called the police? Were pictures taken and of what? By Who?			

Last Name	First Name	M / F	DOB	Age	Ethnicity

PROIRITY: ____ I ____ II ____ III

One: VWA will respond within 24 hours

Sexual assault occurred within the last 24 hours

DV occurred within the 12 hours

Victim is at the hospital and intervention/services requested

Transport to Sexual Assault Exam

Emergency Protection Order: case by case

TWO: VWA will respond within 72 hours

Transport request to Shelter

Transport to forensic interview: in DV/SA cases

Protection Orders

Emergency Protection Order: case by case

Relays to and from other resources

THREE: VWA will respond within 7-10 days

DV that occurred beyond 2 weeks

ransport: to shelter, court hearings, counseling services, healing services, and other resources

ictim is in safe place; request for transport to another

RECOMMENDATIONS:

STAFF ASSIGNED: _____

DATE: _____

SUPERVISOR: _____

DATE: _____

SFP STAFF:

DATE/TIME:



**THE
NAVAJO
NATION**

STRENGTHENING FAMILIES PROGRAM

P.O. BOX 4590 • WINDOW ROCK, ARIZONA 86515 (928)871-7629

CONFIDENTIALITY STATEMENT

The Strengthening Families Program, Navajo Division of Social Services (NDSS), strives to protect the CONFIDENTIALITY of the information you provide, in accordance with applicable laws.

Pursuant to applicable law, we do not disclose to outside programs that a consumer is receiving services or disclose any information identifying a consumer is receiving services from SFP unless;

1. You sign a notarized release of information, authorizing release of information to a third party.

***What may not be protected from disclosure? Any information received regarding:**

1. The client verbally expresses the intent to harm and or injure other individual(s).
2. A client's intent to harm self or others, including SFP personnel.
3. Suspected child abuse and neglect.

If any of the above information is received, the information will be reported to the appropriate authorities.

By signing this form, I acknowledge that I have read and understand the CONFIDENTIALITY Statement. It has been discussed and explained to me in a language I can understand and I have had the opportunity to ask any questions to clarify this CONFIDENTIALITY statement and that I understand it.

Client's Printed Name: _____

Client's Signature: _____

Date

SFP Staff's Signature/title:

Date

**STRENGTHENING FAMILIES PROGRAM
INTERVENTION PLAN**

Case No: _____

Date: _____

GOAL #__

Objective:

Status of Goal: ☐ Complete

☐ Incomplete

If not complete, why? _____

GOAL #__

Objective:

Status of Goal: ☐ Complete

☐ Incomplete

If not complete, why? _____

GOAL #__

Objective:

Status of Goal: ☐ Complete

☐ Incomplete

If not complete, why? _____

Comments: _____

CLIENT SIGNATURE

DATE

SFP STAFF SIGNATURE

DATE

STRENGTHENING FAMILIES PROGRAM SAFETY PLAN CHECKLIST

Safety Issues Before You Leave:

1. Identify multiple escape routes from your home. Try to avoid being trapped in a room with only one exit or where there are weapons, these are issues to consider in safety planning. The kitchens and bathroom are almost always unsafe locations during an abuse incident. The kitchen is dangerous because of access to items (knives, dishes, and small appliances) that can be used as weapons. The bathroom is dangerous because it tends to be a small room with one exit and hard surface against which a victim can be hit.
2. Try to have access to a phone with a pre-set emergency call function (911, local police, family or friend). If you have a cellphone, make sure you have access quickly and easily.
3. Establishing pre-set signals with neighbors, friends or family. Signals can include working with a neighbor so that if they see flashing porch lights, hear loud noises, or certain code or phases, they will know to contact the police.
4. Keeping children involved with the safety planning is important but you as the parent must decide how much you want them involved.

Safety Issues as You Plan to Leave:

1. Planning to leave is a high-risk and if you decide to leave, plan carefully. Seeking support from others in your decision-making is important. However, the people you communicate with regarding this decision have to be trustworthy. There are several documents that you may need when you leave and it's easier if you have official copies of these documents available. If at all possible, it is in your best interest to get these papers together in a secure location before you leave.
 - a. Birth Certificates for you and your children
 - b. Social Security Cards for all family members
 - c. Certificate of Indian Blood (CIB)
 - d. Marriage certificate
 - e. Divorce decrees
 - f. Custody papers
 - g. Immunization records
 - h. Titles to cars, houses and other real property
 - i. School records for children
 - j. Medical and any other insurance information
 - k. Checking and savings account information, including account number and balances
 - l. Information on Protection Orders, shelter services and hotlines
 - m. Abuser's information (DOB, social security number, CIB, and photograph)
2. If possible, these documents can be placed with a trusted friend, neighbor, or family member. If no one, then the paperwork should be kept together and easily accessible. Prepare everything you need and want to take with you, if you have to leave in a hurry.
3. Identify a safe place to go to once you leave.

I acknowledge that I've reviewed this plan with my client.

Victim Witness Advocate

Date

Release of Confidential Information

The Strengthening Families Program will not release any information about you without your permission, unless a legal exception exists. You do not have to give permission or sign a release of confidential information in order to receive services. It is completely your decision. You can withdraw your permission, in writing, at any time. If you sign a release of information, you do not give up your right to have any of this information protected under any applicable laws or rules.

I, _____, authorize Strengthening Families Program to release the following information:
(Print Name)

To: _____
(Agency/Staff Person)

Address

I understand that I can revoke my permission to release confidential information at any time.

This release of information is good from: _____ to _____.
Begin Date End Date

Client

Date

Notary

State of _____

This document was acknowledged before me on _____ (date) by
_____ (name of person).

(Notary Seal)

Notary Public's Signature

STRENGTHENING FAMILIES PROGRAM

Incident Report Form

Name of Client: _____ Date: _____ Time: _____

Type of incident(s): _____

Description of incident: _____

Location of incident: _____

Witness(es): _____

SFP Staff: _____

Action Taken: _____

Signature

Date

Shelter Intake Questionnaire Form

Date/Time: _____

Name: _____

D.O.B.: ____/____/____ Female: ____ Male: ____ Two Spirit: ____

Address: _____

Phone: _____ Message: _____

Race: NA ____ Caucasian ____ African Am ____ Hispanic/Latino ____ Other ____

(circle one)

Disabilities: yes/no If yes, please: explain: _____

Live in rural area: _____ Language: _____

How did you know to contact the shelter?

Did advocate provide safety plan? Yes ____ if No, explain: _____

Client Issue: DV ____ Dating Violence ____ Human Trafficking ____ Sexual Assault ____ Other: ____

What type of Service is being provided: _____

Has a Protection Order been obtained? If Yes:

Date of T.P.O. ____/____/____ Date of P.O. ____/____/____

Date of Referral to Legal Aid: ____/____/____ (give copy to L.A.)

If no, would you like help to file a Protection Order? Yes ____ or No ____

Any child custody issues? ____ No ____ Yes; who has legal custody? _____

Children: (minor children only; include those not present at shelter; put check beside those staying at shelter)

Name: _____ Sex: _____ D.O.B. ____/____/____

Age: _____ Race: _____

Shelter Entry Date: ____/____/____ Check Out Date: ____/____/____

Primary Issue: DV child, DV Secondary, SA Child, SA secondary, _____

Child Care or School: _____

Name: _____ Sex: _____ D.O.B. ____/____/____

Age: _____ Race: _____

Shelter Entry Date: ____/____/____ Check Out Date: ____/____/____

Primary Issue: DV child, DV Secondary, SA Child, SA secondary, _____

Child Care or School: _____

Name: _____ Sex: _____ D.O.B. ____/____/____

Age: _____ Race: _____

Shelter Entry Date: ____/____/____ Check Out Date: ____/____/____

Primary Issue: DV child, DV Secondary, SA Child, SA secondary, _____

Child Care or School: _____

Name: _____ Sex: _____ D.O.B. ____/____/____

Age: _____ Race: _____

Shelter Entry Date: ____/____/____ Check Out Date: ____/____/____

Primary Issue: DV child, DV Secondary, SA Child, SA secondary, _____

Child Care or School: _____

Special needs of children (disabilities, food allergies, etc.):

Who is permitted to have your child(ren) in their care?

Alleged Abuser's Identifying Information:

Name: _____

Vehicle make: _____ model: _____ color: _____

Lic. # _____

Helpful Information

Income/Resources (employment, Social Security, Food Stamps, Medicaid/Medicare, child support, etc.):

Housing (housing history for past 5 years)

Medical (current medical conditions, significant past medical history)

Mental Health (current mental health conditions and treatment, past history)

Substance Abuse (current and past substance abuse issues, treatment, most recent use, etc.)

Legal Issues (current and past legal issues, court proceedings, child custody, probation, etc.):

Shelter Staff will read shelter policies on Confidentiality, No Use Policy, Off campus pass (Curfew), Parent Responsibility, Mobile Electronic Policies and an overview of the rest of the policies:

I have willingly given this information with the understanding that it will be kept confidential. (According to the legal boundaries S.F.P. Northern T.R.E.E. House.) (see confidentiality agreement)

Client Signature

Date

Advocate Signature

Date

STRENGTHENING FAMILIES PROGRAM

EXIT FORM

Name: _____

Number of Children: _____

Reason for Exit

- ☐ Housing Opportunity
- ☐ Return to Home
AWOL
- ☐ Non-Compliance with Policies
- ☐ Needs Not Meant
- ☐ Disagree with SFP Policies
- ☐ Completed 45 Day stay
- ☐ Property Destruction/Violence
- ☐ Unknown

Destination

- ☐ DV Shelter
- ☐ Transitional Shelter/Housing
- ☐ Not Meant for Human Habitation
- ☐ Homeless Shelter
- ☐ Psychiatric
- ☐ Jail/Prison
- ☐ Substance Abuse Treatment
- ☐ Hospital

- ☐ Home/Apartment Rental By Client
- ☐ Home/Apartment Owned by Client
- ☐ Hotel/Motel
- ☐ Family
- ☐ Friends
- ☐ Other

Type of Exit

- ☐ Exit
- ☐ Transfer _____

Departure Address

Safe Yes/No

Phone Number

Safe Yes/No

Notes: _____

Exit Date: _____

Exit Time: _____ am/pm

Advocate: _____

Client ID: _____

Case Closure Summary

Case No: _____

Date opened: _____

Date Closed: _____

A. Restatements of Original Problem:

B. Action taken by assisting client to resolve problem(s):

C. Recommendation(s):

Victim Witness Advocate

Date

Supervisor

Date