



Domestic Violence Screening Assessment

Exodus Housing Applicant Name: _____

We understand it may be difficult, however please answer all questions below to the best of your ability. This information is important in assessing the safety of you and your family if accepted into our program.

History of abuser:

Name _____ Other names used _____

Age _____ Address/ Location _____

Length of relationship _____

Does s/he have a car? YES NO

If yes, please list make/model/color _____

Are there any court orders (protection, anti-harassment, etc) involved with you, abuser and/or children?

YES NO If yes, please describe _____

Do you have visitation/parenting plan(s) for children in common? YES NO If yes, describe:

Have any court orders been violated by either party YES NO If yes, please describe _____

Do you know if s/he possesses guns, knives or any other weapons? YES NO

If yes, please list describe: _____

Are they in jail now? YES NO If yes, where and when is their release date? _____

Do you know if s/he has a history of depression, mood swings, suicide attempts or has been treated for mental health issues? YES NO If yes, please describe: _____

When did you last have contact with this person? _____

Do you have contact with any of the abuser's family or friends? YES NO If yes, please describe:

Does the abuser have any contact with *your* family or friends? YES NO If yes, please describe

Information that led you to leave your abuser:

The most recent event:

Date _____ Time _____ Location _____

What caused the event? _____

Were alcohol/drugs involved? YES NO If yes, please describe _____

Were weapons involved? YES NO If yes, please describe _____

Were the police called? YES NO If yes, was anyone arrested or what was the result of the police involvement? _____

Was this the worst incident in the relationship? YES NO If no, please describe the worst incident: _____

How many times have you left this relationship before? _____

Please rate the following by circling the appropriate number:

What is the probability of this person finding you and/or your children?
(LOW) 1 2 3 4 5 6 7 8 9 10 (HIGH)

What is the probability of you, your children, family/friend contacting this person?
(LOW) 1 2 3 4 5 6 7 8 9 10 (HIGH)

What is the probability of your children being kidnapped by this person?
(LOW) 1 2 3 4 5 6 7 8 9 10 (HIGH)

What is the probability of being killed/critically injured by this person?
(LOW) 1 2 3 4 5 6 7 8 9 10 (HIGH)

Has this person ever tracked you down? YES NO

Has this person ever kidnapped you or your children? YES NO

Has this person ever injured or killed pets? YES NO

Thank you for completing this form.