



**Cher-Ae Heights Indian Community of the Trinidad Rancheria
Tribal Victim Assistance Program
Client Intake**



1) Client Information: Primary Victim Secondary Victim Non-Victim

Name: _____

Address: _____

DOB: _____ Age _____ Gender Identity: M F Other: _____

Phone: _____ Okay to leave a message at this number Yes No

Emergency Contacts: _____

Name	Phone	Relationship
Name	Phone	Relationship

Race/Ethnicity (check all that apply) AI/AN Hispanic/Latino Black/African American
 Native Hawaiian/Other Pacific Islander Asian
 White (Non-Latino) Other Race Multiple Races

Enrolled Tribal Member: Yes No If yes, which Tribe: _____

2) Initial Victimization Type: Indicate the primary victimization with a “P” all others with a check mark

<input type="checkbox"/> Adult physical assault (1)	<input type="checkbox"/> Human trafficking: Labor (16)
<input type="checkbox"/> Adult sexual assault (2)	<input type="checkbox"/> Human trafficking: Sex (17)
<input type="checkbox"/> Adults sexually abused/assaulted as children (3)	<input type="checkbox"/> Identity theft/fraud/financial crime (18)
<input type="checkbox"/> Arson (4)	<input type="checkbox"/> Kidnapping (non-custodial) (19)
<input type="checkbox"/> Bullying (verbal, cyber or physical) (5)	<input type="checkbox"/> Kidnapping (custodial) (20)
<input type="checkbox"/> Burglary (6)	<input type="checkbox"/> Mass violence (domestic/international) (21)
<input type="checkbox"/> Child physical abuse or neglect (7)	<input type="checkbox"/> Other vehicular victimization (e.g., hit and run) (22)
<input type="checkbox"/> Child pornography (8)	<input type="checkbox"/> Robbery (23)
<input type="checkbox"/> Child sexual abuse/assault (9)	<input type="checkbox"/> Stalking/harassment (24)
<input type="checkbox"/> Cyber-crimes (10)	<input type="checkbox"/> Survivors of homicide victims (25)
<input type="checkbox"/> Domestic and/or family violence (11)	<input type="checkbox"/> Teen dating victimization (26)
<input type="checkbox"/> DUI/DWI incidents (12)	<input type="checkbox"/> Terrorism (domestic/international) (27)
<input type="checkbox"/> Elder abuse or neglect (13)	<input type="checkbox"/> Gang Violence (14)
<input type="checkbox"/> Hate Crime: Racial/religious/gender/sexual orientation/other (15)	<input type="checkbox"/> Other: _____ (28)

