



Strong Family Health Center

1203 Oak Street, Alturas, CA 96101
(530)233-4591
Fax (530)233-3055
www.StrongFamilyHealthCenter.com

Victim Services Intake Form

In order to qualify for funding under this program, you must provide the following:

- Photo ID
- Proof of Tribal Enrollment, eligibility for enrollment or proof of American Indian/Alaskan Native descendant.
- Proof of residency, such as: utility bill, rent receipt, school enrollment, employment or current tax return that shows a physical address in Modoc County.

Victim Information

Full Name: _____ Date of birth: _____
Last First M.I.

Address: _____
Street Address Apt#/Suite

Mailing Address (if different)

City State ZIP Code

Phone: _____ Email _____

Gender Identity (circle one): Male Female Other:

Race/Ethnicity: (Check all that apply)

- American Indian/Alaskan Native Hispanic or Latino
 Asian Black or African American Other: _____

Applicant Information

- Applicant Information same as above

Relationship to victim: _____

Full Name: _____ Date of birth: _____
Last First M.I.

Address: _____
Street Address Apt#/Suite

Mailing Address (if different)

City State ZIP Code

Phone: _____ Email _____

Crime Information

Type of Crime:

- | | | |
|---|---|--|
| <input type="checkbox"/> Adult physical assault
<input type="checkbox"/> Adult sexual assault
<input type="checkbox"/> Adults sexually abused/assaulted as children
<input type="checkbox"/> Arson
<input type="checkbox"/> Bullying
<input type="checkbox"/> Burglary
<input type="checkbox"/> Child abuse or neglect
<input type="checkbox"/> Child pornography
<input type="checkbox"/> Child sexual abuse/assault | <input type="checkbox"/> Cyber crimes
<input type="checkbox"/> Domestic and/or family violence
<input type="checkbox"/> DUI/DWI incidents
<input type="checkbox"/> Elder abuse/neglect
<input type="checkbox"/> Gang violence
<input type="checkbox"/> Hate crime (racial/religious/gender/sexual orientation/other)
<input type="checkbox"/> Human trafficking: labor
<input type="checkbox"/> Human trafficking: sex | <input type="checkbox"/> Identity theft/fraud/financial crime
<input type="checkbox"/> Kidnapping
<input type="checkbox"/> Mass violence (domestic/international)
<input type="checkbox"/> Other vehicular victimization (e.g., hit and run)
<input type="checkbox"/> Robbery
<input type="checkbox"/> Stalking/harassment
<input type="checkbox"/> Survivors of homicide victims
<input type="checkbox"/> Teen dating victimization
<input type="checkbox"/> Terrorism (domestic/international) |
|---|---|--|

Date of Crime: _____ Location of crime: _____

Was the crime reported? YES NO

Name of Agency Reported to: _____

Investigating Officer Name: _____

Name of person who committed the crime (if known): _____

Briefly describe the crime and any injuries which resulted: _____

Special Classifications of Individuals

Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Deaf/Hard of hearing
<input type="checkbox"/> Homeless
<input type="checkbox"/> Immigrants/refugees/asylum seekers | <input type="checkbox"/> LGBTQ/Two-Spirit persons
<input type="checkbox"/> Veterans
<input type="checkbox"/> Victims with disabilities (Cognitive, physical, mental) | <input type="checkbox"/> Victims with limited English proficiency
<input type="checkbox"/> Other: _____
_____ |
|---|--|---|