



Why Contact A Better Way?

Reaching out for help is part of what you may do for yourself if you are a victim of domestic violence or sexual assault. Consider the needs that you have. How might a center for victims of domestic violence and sexual assault be able to help you? There are many residential and non-residential services that A Better Way may offer you. **All services are free!**

OUR SERVICES

- ✓ Safe, Temporary Shelter
- ✓ Rape Crisis Center
- ✓ Adult Support Groups
- ✓ Child Support Groups
- ✓ Individual Counseling
- ✓ Location for DCS Supervised Visitation
- ✓ Crisis/Suicide Hotlines
- ✓ Violence Prevention Education
- ✓ Parenting Classes
- ✓ Legal Advocacy & Support
- ✓ Mobile Advocacy
- ✓ Information + Referral

The people who attend support group are from all socio-economic levels and ages. For most, it is the first opportunity for them to discuss their experiences with other people who truly understand what they have been through. The people in the support group provide a strong support base for each other. The group works on educating the victim regarding domestic violence, building self-esteem, co-dependency, coping skills and other related issues.

Domestic Violence, Sexual Assault, and Hybrid Support Groups

Meet weekly, except holidays.

**SUPPORT GROUPS ARE AVAILABLE IN MULTIPLE LOCATIONS.
TALK WITH A BETTER WAY ADVOCATE TO FIND A SUPPORT
GROUP FOR YOU!**

****Victims and former victims of domestic violence or sexual assault are eligible to attend.***

****Transportation and Child Care may be available upon request.***

**Our Offices: Muncie - 765-747-9107 Richmond – 765-966-0538 | Crisis Hotline: 765-288-HELP
Suicide Line: 1-800-273-TALK**

GIVE TO CLIENT



**Learn more at
abetterwaymuncie.org**

A Better Way
Updated: 4/24/2024

This page intentionally left blank.

- ☐ Intimate Partner Violence
- ☐ Family Violence
- ☐ Sexual Assault
- ☐ Human/Sex Trafficking
- ☐ Stalking

Intake Data

☐ Crisis Call ☐ Walk-In ☐ DCS Referral

Staff Doing Intake: _____

Non-Residential Intake Date: _____

CLIENT INFORMATION

Client Name: _____ Maiden Name: _____ Other Names: _____
 First Middle Last

Address: _____ **County:** _____ **Township:** _____
 Street City State Zip

Phone: _____ DOB: ____/____/____ Age: _____ Gender: _____ SSN#: _____-_____-_____

Race: _____ **Ethnicity:** ☐ Non-Hispanic ☐ Hispanic ☐ Other _____ **U.S. Citizen:** ☐ Yes ☐ No **Language:** _____

Immigrant/Asylum/Refugee Seeker? ☐Yes ☐No **Veteran?** ☐Yes ☐No **Service and discharge status:** _____

Marital Status: ☐ Never Married ☐ Married ☐ Legally Separated ☐ Divorced ☐ Widowed ☐ Common Law ☐ Civil Union ☐ Not Living Together

Type of ID: _____ State Issued: _____

Vehicle: _____ Plate Number: _____ State Issued: _____

Make Model Year Color

Vehicle Description: _____ **Condition:** ☐ Good Running Condition ☐ Needs Repaired ☐ Impounded

Have you been in shelter before? ☐ Yes ☐ No If yes, when? ____/____/____ Where? _____ Length of Stay: _____

What is your most pressing need right now? _____

How did you find out about us? ☐Police ☐Prosecutor/Victim Adv. ☐Hospital/Doc ☐Social Service Agency ☐Attorney/Legal Aid

☐ Previous Client ☐ Friend ☐ Family Member ☐ Church ☐ Social Media ☐ Website ☐ TV/Radio ☐ Other: _____

INCOME INFORMATION

Cash Income & Benefits (Monthly)

<i>Earned Income</i>	\$
<i>Unemployment</i>	\$
<i>Social Security Income (SSI)</i>	\$
<i>Soc. Sec. Disability (SSDI)</i>	\$
<i>Social Security Retirement</i>	\$
<i>Veteran's Disability Payment</i>	\$
<i>Veteran's Pension</i>	\$
<i>Private Disability Insurance</i>	\$
<i>Worker's Compensation</i>	\$
<i>TANF</i>	\$
TOTAL	\$

Non-Cash Benefits

Snap/Food Stamps	
MEDICAID/MEDICARE	
CCDF	
WIC	
Veteran's Admin Medical Services	
TANF Child Care Services	
Section 8, Public Housing, Other Rental Assistance	
Temporary Rental Assistance	
Other Non-Cash Benefits	
Other Non-Cash Benefits	

This page intentionally left blank.

CHILDREN'S INFORMATION – Page 1

1.) Child Name: _____ DOB: ____/____/____ Age: _____ Support Group: ☐ Yes ☐ No
First Middle Last

Gender: _____ Race: _____ Ethnicity: ☐ Non-Hispanic ☐ Hispanic Custody: ☐ Yes ☐ No SSN#: _____-_____-_____

DCS Involved? ☐ Yes ☐ No Explain: _____ Grade: _____ School: _____

Child has health insurance? ☐ Yes ☐ No Insurance Type: _____ Medical Issues: _____

Child experience abuse? ☐ Yes ☐ No If yes, what type of abuse? ☐ Physical ☐ Emotional ☐ Sexual ☐ Neglect ☐ Other: _____

Abused By: _____ Medical attention or hospitalization needed as a result of abuse? ☐ Yes ☐ No

Was/has a report of child abuse or neglect ever filed with the court? ☐ Yes ☐ No If yes, when and where? _____

Child attend counseling? ☐ Yes ☐ No If yes, when/where/why: _____ Therapist: _____

Child having behavior problems? ☐ Yes ☐ No If yes, describe: _____

Any current child barriers present: ☐ Mental Health ☐ Physical Health ☐ Drugs/Alcohol ☐ Development Disability ☐ Physical Disability

Does the child have any special needs? ☐ Yes ☐ No If yes, please explain: _____

2.) Child Name: _____ DOB: ____/____/____ Age: _____ Support Group: ☐ Yes ☐ No
First Middle Last

Gender: _____ Race: _____ Ethnicity: ☐ Non-Hispanic ☐ Hispanic Custody: ☐ Yes ☐ No SSN#: _____-_____-____

DCS Involved? ☐ Yes ☐ No Explain: _____ Grade: _____ School: _____

Child have health insurance? ☐ Yes ☐ No Insurance Type: _____ Medical Issues: _____

Child experience abuse? ☐ Yes ☐ No If yes, what type of abuse? ☐ Physical ☐ Emotional ☐ Sexual ☐ Neglect ☐ Other: _____

Abused By: _____ Medical attention or hospitalization needed as a result of abuse? ☐ Yes ☐ No

Was/has a report of child abuse or neglect ever filed with the court? ☐ Yes ☐ No If yes, when and where? _____

Child attend counseling? ☐ Yes ☐ No If yes, when/where/why: _____ Therapist: _____

Child having behavior problems? ☐ Yes ☐ No If yes, describe: _____

Any current child barriers present: ☐ Mental Health ☐ Physical Health ☐ Drugs/Alcohol ☐ Development Disability ☐ Physical Disability

Does the child have any special needs? ☐ Yes ☐ No If yes, please explain: _____

3.) Child Name: _____ DOB: ____/____/____ Age: _____ Support Group: ☐Yes ☐No
First Middle Last

Gender: _____ Race: _____ Ethnicity: ☐Non-Hispanic ☐Hispanic Custody: ☐Yes ☐No SSN#: _____-_____-____

DCS Involved? ☐Yes ☐No Explain: _____ Grade: _____ School: _____

Child have health insurance? ☐Yes ☐No Insurance Type: _____ Medical Issues: _____

Child experience abuse? ☐Yes ☐No If yes, what type of abuse? ☐Physical ☐Emotional ☐Sexual ☐Neglect ☐Other: _____

Abused By: _____ Medical attention or hospitalization needed as a result of abuse? ☐Yes ☐No

Was/has a report of child abuse or neglect ever filed with the court? ☐Yes ☐No If yes, when and where? _____

Child attend counseling? ☐Yes ☐No If yes, when/where/why: _____ Therapist: _____

Child having behavior problems? ☐Yes ☐No If yes, describe: _____

Any current child barriers present: ☐Mental Health ☐Physical Health ☐Drugs/Alcohol ☐Development Disability ☐Physical Disability

Does the child have any special needs? ☐Yes ☐No If yes, please explain: _____

CHILDREN'S INFORMATION – Page 2

4.) Child Name: _____ DOB: ____/____/____ Age: _____ Support Group: ☐Yes ☐No
 First Middle Last

Gender: _____ Race: _____ Ethnicity: ☐Non-Hispanic ☐Hispanic Custody: ☐Yes ☐No SSN#: _____-_____-____

DCS Involved? ☐Yes ☐No Explain: _____ Grade: _____ School: _____

Child have health insurance? ☐Yes ☐No Insurance Type: _____ Medical Issues: _____

Child experience abuse? ☐Yes ☐No If yes, what type of abuse? ☐Physical ☐Emotional ☐Sexual ☐Neglect ☐Other: _____

Abused By: _____ Medical attention or hospitalization needed as a result of abuse? ☐Yes ☐No

Was/has a report of child abuse or neglect ever filed with the court? ☐Yes ☐No If yes, when and where? _____

Child attend counseling? ☐Yes ☐No If yes, when/where/why: _____ Therapist: _____

Child having behavior problems? ☐Yes ☐No If yes, describe: _____

Any current child barriers present: ☐Mental Health ☐Physical Health ☐Drugs/Alcohol ☐Development Disability ☐Physical Disability

Does the child have any special needs? ☐Yes ☐No If yes, please explain: _____

Parenting + Goals

Others in household other than children? ☐Yes ☐No **If yes, who?** _____

Who disciplines your children at home? _____ **Type of Discipline Used:** _____

☐ **Discussion of non-violent discipline**

- ✓ Redirect the Child's Attention
- ✓ Reward Positive Behaviors
- ✓ Restructure the Environment
- ✓ Reexamine your Expectations
- ✓ Use a Time-Out Procedure
- ✓ Name the Unacceptable Behavior
- ✓ Help Substitute Acceptable Behavior
- ✓ Do NOT Use Aggressive Language
- ✓ Establish a List of Rules & Consequences

☐ **Discussion of Non-Residential Services Available to Children**

- ✓ **Children's Support Group**
- ✓ **Parenting Classes**
- ✓ **Information & Referrals**

Observations or additional information:

Possible goals for your children: _____

Client Signature

Date

Staff/Volunteer Signature

Date

SENSITIVE INFORMATION – Mental Health & Addictions

History of Trauma

Were you *abused or neglected* as a child? ☐ Yes ☐ No **Type of Abuse:** ☐ Physical ☐ Emotional ☐ Sexual ☐ Verbal ☐ Neglect

Explain: _____

Are you a survivor of *childhood sexual abuse*? ☐ Yes ☐ No

Explain: _____

Did you *witness* family violence as a child? ☐ Yes ☐ No

Explain: _____

Were you abused in *previous relationships*? ☐ Yes ☐ No

Explain: _____

Are you a survivor of sexual assault? ☐ Yes ☐ No

Type: ☐ Rape ☐ Attempted Rape ☐ Other Sexual Contact

Tell me what you know about domestic violence: _____

Physical Health

Any current health conditions (including pregnancy)? ☐ Yes ☐ No

Explain: _____

Have you tested positive for: HIV ☐ Yes ☐ No ☐ Untested Hepatitis ☐ Yes ☐ No ☐ Untested Tuberculosis ☐ Yes ☐ No ☐ Untested

If yes to any, please explain: _____

Mental Health

Have you ever received counseling/psychiatric treatment? ☐ Yes ☐ No

When: _____ Where: _____

Reason: ☐ Depression ☐ Anxiety ☐ PTSD ☐ Other _____

Counselor/Psychiatrist: _____

Do you currently receive counseling/psychiatric treatment? ☐ Yes ☐ No

When: _____ Where: _____

Reason: ☐ Depression ☐ Anxiety ☐ PTSD ☐ Other _____

Counselor/Psychiatrist: _____ Agency: _____ Phone Number: _____

Email: _____

Have you been hospitalized for mental health issues? ☐ Yes ☐ No

When: _____ Where: _____

Are you currently taking any psychiatric medications (antidepressants, anti-anxiety, anti-psychotic, etc.)? ☐ Yes ☐ No ☐ In Need of Meds

Please list all that apply: _____

Have you ever experienced suicidal thoughts? ☐ Yes ☐ No

When: _____ Did you have a plan? ☐ Yes ☐ No

If yes, please describe: _____

Are you currently having thoughts of suicide? ☐ Yes ☐ No *If recent thoughts of suicide (within last 30 days), complete a suicide safety plan.

If yes, please explain: _____

Addiction

Do you have a history of substance abuse? ☐Yes ☐No **Type:** ☐Alcohol ☐Illegal Drugs ☐Rx **When did your use begin?** _____

Have you been treated for alcohol or drug dependency? ☐Yes ☐No **When:** _____ **Where:** _____

Are you currently in treatment? ☐Yes ☐No **If yes, where:** _____ **Are you interested in referrals?** ☐Yes ☐No

Client Signature

Date

Staff/Volunteer Signature

Date

COUNSELING REFERRAL

- ☐ The "Counseling Request Form" was completed and provided to assigned supervisor for
☐ Client _____ was assigned to counselor _____ by
 supervisor _____ on _____.
- ☐ Client did not request counseling at this time.



COUNSELING REQUEST

Client Name: _____ Number: _____ Date: _____

Address: _____

Client's Presenting Concerns: ☐ Depression ☐ Anxiety ☐ Suicide ☐ Domestic Violence ☐ Sexual Assault
☐ Other: _____

Can we call client at this number?

☐ Yes ☐ No

Do you prefer a male or female counselor?

☐ Female ☐ Male ☐ N/A

Best times to call client: ☐ Morning ☐ Afternoon ☐ Evening ☐ Other: _____

Times client is available for appointment: _____

Can a message be left at this number? ☐ Yes ☐ No

☐ High Priority (See Lethality Assessment)

This page intentionally left blank.

SELF-CARE INFORMATION AND PLAN

Self-Care refers to those activities you do to take care of yourself physically, mentally, and/or emotionally. Practicing good self-care can be hard for a lot of people. It can be especially challenging for those who have experienced trauma, but is also a critical part of the healing journey.

Steps to create a self-care plan

1. Take a look at your current habits
2. Identify your self-care needs
3. Write down practices that support your needs
4. Fit them into your schedule
5. Remove any barriers

Re-engage in activities that make you happy. What activities bring you joy or make you laugh?

- _____

Physical activity is a great stress reliever and can be as simple as taking a walk. What helps me feel energized?

- _____

When do I feel at peace?

- _____

What has helped me cope with difficult moments in my life?

- _____

I am important and I can show myself care by:

1. _____
2. _____

I can tell myself these things to make myself feel stronger:

1. _____
2. _____

When I need extra support, I can reach out to:

- _____
- A Better Way – 24 Hour Crisis Hotline 765-288-HELP

How can we help you access or increase your coping skills or follow your self-care plan?

Remember: Give yourself the kindness you deserve. Healing is a journey therefore, take a step at a time.

GIVE COMPLETED COPY TO CLIENT

This page intentionally left blank.

ABUSER INFORMATION

Abuser's Name: _____
First Middle Last

Nickname/Alias: _____

Address: _____
Street City State Zip

County: _____ **Relationship to Client:** _____

Phone: _____ **DOB:** ____/____/____ **Age:** _____ **Gender:** _____ **SSN#:** ____-____-____

Race: _____ **Ethnicity:** ☐ Non-Hispanic ☐ Hispanic ☐ Other _____ **Last Grade Completed:** _____

Complexion: _____ **Height:** _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____ **Glasses:** _____

Facial Hair: _____ **Tattoos:** _____ **Piercings:** _____

Description: _____

Employer: _____ **Annual Income:** _____ **Work Schedule:** _____

Criminal History

Are there any outstanding warrants? ☐Yes ☐No **Any pending criminal charges?** ☐Yes ☐No County: _____ City: _____

Charges: _____

Associations

Do they have any association with police? ☐Yes ☐No **If yes, which agency?** _____

Are they in the military? ☐Yes ☐No **If yes, which branch?** _____ **Rank:** _____

Background

As far as you know, were they abused as a child?	☐ Yes ☐ No	Do they have a history of mental illness?	☐ Yes ☐ No
Have they witnessed abuse as a child?	☐ Yes ☐ No	Do they have a criminal/arrest record?	☐ Yes ☐ No
Have they abused others?	☐ Yes ☐ No	Do they possess a weapon?	☐ Yes ☐ No
Have they harmed or killed family pets or threaten to do so?	☐ Yes ☐ No	If yes, what type of weapon? _____	
		Where is the weapon currently? _____	
Does abuser have a history of alcohol/substance abuse?	☐ Yes ☐ No	Alcohol Use? ☐ Yes ☐ No	Amount: _____ Frequency: _____
		Illegal Drugs? ☐ Yes ☐ No	Amount: _____ Frequency: _____
		Rx Drugs? ☐ Yes ☐ No	Amount: _____ Frequency: _____

Vehicle Description

Vehicle: _____
Make Model Year Color

Vehicle Description: _____

If abuser has access to other vehicles, please describe: _____

Plate Number: _____ State Issued: _____

License #: _____ Other vehicles? ☐ Yes ☐ No

High Alert

☐ Stalking ☐ Harassing ☐ Threaten to Kill ☐ Threaten Suicide ☐ Threaten to Take Children ☐ Threaten to Take Car ☐ Threaten to Harm / Kill Pets

Does abuser know client is here? ☐ Yes ☐ No Does abuser know office location? ☐ Yes ☐ No Special Concerns: _____

Does abuser know the client receives services with A Better Way? ☐ Yes ☐ No

List any person you feel may act on behalf of abuser to contact you or obtain information on your location:

Name: _____ DOB/Age: _____ Ht. _____ Wt. _____ Hair _____ Eyes _____
Name: _____ DOB/Age: _____ Ht. _____ Wt. _____ Hair _____ Eyes _____

Client Signature

Date

Staff/Volunteer Signature

Date

A Better Way
Updated: 4/24/2024

This page intentionally left blank.

LETHALITY ASSESSMENT

Certain risk factors and conditions indicate whether an abuser is on the verge of committing a serious or lethal act of violence. The following questions can help you recognize how serious your situation may be.

Even one “yes” indicates that your situation may escalate dangerously.

- | | | |
|--|------------------------------|-----------------------------|
| 1. Has the abuser threatened to kill you, the children, or others? | ☐ Yes | ☐ No |
| 2. Has the abuser threatened or exhibited fantasies of suicide? | ☐ Yes | ☐ No |
| 3. Does the abuser own or have access to weapons and use them to threaten you? | ☐ Yes | ☐ No |
| 4. Has the abuser injured you, your children, or others enough to require medical attention? | ☐ Yes | ☐ No |
| 5. Does the abuser have a history of violence? | ☐ Yes | ☐ No |
| 6. Does the abuser use drugs and/or alcohol regularly or abuse prescription medications? | ☐ Yes | ☐ No |
| 7. Has the abuser broken a restraining order or protective order in the past? | ☐ Yes | ☐ No |
| 8. Has the domestic violence increased in severity and frequency over the past year? | ☐ Yes | ☐ No |
| 9. Does the abuser exhibit stalking or surveillance behavior? | ☐ Yes | ☐ No |
| 10. Has the abuser forced sexual activities upon you and/or your children? | ☐ Yes | ☐ No |
| 11. Has the abuser prevented you or the children from leaving by threatening physical harm? | ☐ Yes | ☐ No |
| 12. Does the abuser have a mental or physical condition that contributes to violence? | ☐ Yes | ☐ No |
| 13. Have you recently attempted to separate or terminate the relationship? | ☐ Yes | ☐ No |
| 14. Has the abuser harmed or killed family pets or threatened to do so? | ☐ Yes | ☐ No |
| 15. Has the abuser destroyed your personal property? | ☐ Yes | ☐ No |
| 16. Has the abuser dropped out or been non-compliant in a domestic violence treatment program? | ☐ Yes | ☐ No |
| 17. Does the abuser exhibit irrational jealousy? | ☐ Yes | ☐ No |
| 18. Does the abuser hold obsessive beliefs, “If I can’t have you, no one can?” | ☐ Yes | ☐ No |
| 19. Has the abuser been involved in criminal activity? | ☐ Yes | ☐ No |
| 20. Does the abuser experience chronic depression, rage, or paranoia? | ☐ Yes | ☐ No |
| 21. Is the abuser unemployed? | ☐ Yes | ☐ No |
| 22. Has the abuser avoided being arrested for the violence? | ☐ Yes | ☐ No |
| 23. Is abuser an alcoholic or a problem drinker? | ☐ Yes | ☐ No |
| 24. Do you have a child that is not the abuser’s? | ☐ Yes | ☐ No |
| 25. Does the abuser control most or all your activities? | ☐ Yes | ☐ No |
| 26. Has the abuser harmed you while you were pregnant? | ☐ Yes | ☐ No |
| 27. Does the abuser follow or spy on you, leave threatening notes or messages on your voicemail? | ☐ Yes | ☐ No |

TOTAL: ____ / 27

A Better Way
Updated: 4/24/2024

This page intentionally left blank.

SAFETY PLANNING INFORMATION AND TIPS – Page 1

Creating a safety plan specific to you and your situation is an essential part of the services we provide. Safety planning should include assessing danger, evaluating particular points of vulnerability, and best approaches to increasing safety with an A Better Way advocate/case manager.

SAFETY TIPS DURING A VIOLENT INCIDENT

- **Go to an area that has an exit.**
Not a bathroom (near hard surfaces), kitchen (knives), or near weapons.
- **Identify a safe room and stay in a room with a phone.**
Call 911, a friend or a neighbor, if possible. Inform them if there are weapons in the home.
- **Plan and know your escape route.**
Practice how to get out of your home safely. Visualize your escape route.
- **Devise a code word or signal.**
Tell your children, grandchildren or neighbors so you can communicate to them that you need the police.
- **Know where you're going. Identify a safe destination.**
Plan where you will go if you have to leave home, even if you don't think you'll need to.
- **Trust your judgment.**
Consider anything that you feel will keep you safe and give you time to figure out what to do next. Sometimes it is best to flee, sometimes to placate the abuser - anything that works to protect yourself and the children.

SAFETY TIPS WHEN PREPARING TO LEAVE - LEAVING CAN BE THE MOST DANGEROUS TIME!

- **Have a safe place to stay.**
Make sure it is a place that can protect you and your children or grandchildren.
- **Call a domestic violence victim service program.**
Find out which services and shelters are available as options if you need them. Keep their address and phone number close at hand at all times. [A BETTER WAY \(765\) 288-HELP](tel:7652882828)
- **Find someone you trust and add them to your safety plan.**
Leave money, extra keys, copies of important documents and clothing with them in advance, so you can leave quickly, if necessary.
- **Open a savings account.**
Put it in your name only, to increase your independence. Consider direct deposit from your paycheck or benefit check.
- **Review your safety plan.**
Study and check your plans as often as possible in order to know the safest way to leave the abuser.
- **Concerns about immigration status.**
You may qualify under a law called the Violence Against Women Act. Talk to an immigration expert (not Immigration and Customs Enforcement) or your local domestic violence victim services program for more information. ([Latino Coalition Against Domestic Violence: \(317\) 926-4673](tel:3179264673))

SAFETY TIPS AND EMOTIONAL HEALTH

- **Get support.**
Call a domestic violence crisis help-line and/or attend a women's or victims support group for at least two weeks to gain support from others and learn more about yourself and the relationship with the abuser. [A BETTER WAY \(765\) 288-HELP](tel:7652882828)
- **Do what is safe for you.**
If you have to communicate with the abuser, arrange to do so in the way that makes you feel safe whether by phone, mail or in the company of another person.

GIVE TO CLIENT

SAFETY PLANNING INFORMATION AND TIPS – Page 2

SAFETY TIPS IN YOUR OWN HOME – IF ABUSER DOES NOT LIVE WITH YOU

- **Upgrade your security system.**
Change the locks on doors and windows as soon as possible. Consider a security service, window bars, better lighting, smoke detectors and fire extinguishers.
- **Have a safety plan.**
Teach your children or grandchildren how to call the police or someone they can trust. Have a secret code word that you and your children agree on - to communicate trouble and for the people who are allowed to pick the children up.
- **Change your phone number.**
Screen your calls if you have an answering machine or caller ID. Save all messages with threats or that violate any orders. Contact your local phone company about getting an unpublished number.
- **Talk to neighbors and landlord.**
Inform them that the abuser no longer lives with you and that they should call the police if they see the abuser near your home.
- **Get legal advice.**
Find a lawyer knowledgeable about domestic violence to explore custody, visitation and divorce provisions that protect you and the children. Discuss getting a restraining order as an option. The abuser may be mandated to a batterers' intervention program. Talk with the program to find out more about potential risks to you while your abuser participates. Additionally, contact your local domestic violence victim services program.

SAFETY TIPS AND YOUR CHILDREN

- **Tell schools and childcare.**
Let them know who has permission to pick up the child/ren and give them your code word. Discuss with them other special provisions to protect you and your child/ren. Provide a picture of the abuser if possible.
- **Exchange child/ren in a safe place.**
Find a safe place to exchange the child/ren for visitation. Some communities have specific locations just for this purpose.

YOU AND YOUR CHILDREN DESERVE TO BE SAFE!

SAFETY TIPS ON THE JOB

- **Tell Somebody.**
Decide whom at work you will inform of your situation. This may include office security if available. Provide a picture of the abuser if possible. It is your right to request and expect confidentiality from those you disclose to.
- **Screen your calls.**
Arrange to have someone screen and log your telephone calls if possible.
- **Make a safety plan.**
Create a personalized safety plan for when you enter and leave your work place. Have someone escort you to your vehicle or other transportation.
If you and the abuser work at the same place, discuss with your supervisor your options regarding scheduling, safety precautions, employee/family benefits.

IN AN EMERGENCY CALL 911

GIVE TO CLIENT

SAFETY PLANNING INFORMATION AND TIPS– Page 3

***Hide bag in a safe spot that is easy to access in an emergency situation.
Possibly with a trusted neighbor, friend, or family member.***

What should I put in the bag?

Important documents for self and children

- ✓ Birth Certificate
- ✓ Social Security Cards
- ✓ License
- ✓ Medical records
- ✓ Lease/Mortgage
- ✓ Bills
- ✓ Bank Statements
- ✓ Legal Documents (divorce papers, custody, protective orders, etc.)

A bag with extra

- ✓ House keys
- ✓ Important Telephone Numbers
- ✓ Car Keys
- ✓ Cell Phone
- ✓ Cash
- ✓ Clothing
- ✓ Credit Cards
- ✓ Hygiene Products
- ✓ Medicine

What should you do now?

CREATE A SPECIFIC SAFETY PLAN WITH A BETTER WAY

Crisis/Brief Safety Plan OR Personalized Safety Plan

GIVE TO CLIENT



This page intentionally left blank.

NOTICE OF VICTIM RIGHTS

Effective 7-1-02, IC 35-33-1-1.5 requires a law enforcement officer responding to the scene of a crime involving domestic or family violence to give the victim immediate and written notice of the following rights provided by law under IC 35-40.

1. A victim has the right to be treated with fairness, dignity, and respect throughout the criminal justice process.
2. A victim has the right to be informed, upon request, when a person who is accused of committing or convicted of committing a crime perpetrated directly against the victim, is released from custody or has escaped. This includes release or escape from mental health facilities.
3. A victim has the right to have the victim's safety considered in determining release from custody of a person accused of committing a crime against the victim.
4. A victim has the right to information, upon request, about the disposition of the criminal case involving the victim or the conviction, sentence, and release of a person accused of committing a crime against the victim.
5. A victim has the right to be heard at any proceeding involving sentence or a post-conviction release decision. A victim's right to be heard may be exercised, at the victim's discretion, through an oral or written statement, or submission of a statement through audiotape or videotape.
6. A victim has the right to make a written or oral statement for use in preparation of the presentence report. The victim also has the right to read presentence reports relating to the crime committed against the victim in order that the victim can respond to the presentence report.
7. A victim has the right to confer with a representative of the prosecuting attorney's office after a crime allegedly committed against the victim has been charged; before the trial of a crime allegedly committed against the victim; and before any disposition of a criminal case involving the victim. This right applies in the following situations:
 - ✓ **The alleged felony was directly committed against the victim.**
 - ✓ **The alleged felony or misdemeanor was an offense against the person, which includes the crimes of Battery, Domestic Battery, Aggravated Battery, Battery by Body Waste, Criminal Recklessness, Intimidation, Harassment, Invasion of Privacy, or Pointing a Firearm, and the alleged felony or misdemeanor was committed against the victim by a person who:**
 - is or was a spouse of the victim
 - is or was living as if a spouse of the victim; or has a child in common with the victim.
 - ✓ **For other misdemeanors, a victim must file a request for notice, which includes a current telephone number and address.**
8. A victim has the right to pursue an order of restitution and other civil remedies against the person convicted of a crime against the victim.
9. A victim has the right to be informed of the victim's constitutional and statutory rights.

GIVE TO CLIENT

This page intentionally left blank.

How to Contact Me

A Better Way will only contact you in ways you give permission for.

- You never have to agree to let us contact you. We will still help you and provide our services when you contact us.
- If you do want A Better Way to contact you, use this form to give instructions about how you want us to contact you, and what information (if any) we can leave in a message.
- Before you fill this out, a Victim Advocate, Case Manager, and/or Counselor at A Better Way will discuss your goals/needs, your choices for how to meet those, and the pros and cons of having us contact you.
- You can change your mind about how or if we contact you at any time, and we will update this form to reflect your decision.

These are my instructions for A Better Way to contact me:

☐ Do Not Contact	It is not safe to contact me. I will contact A Better Way.
☐ Phone, if so which number(s)?	During these hours: _____ ☐ voice messages are okay It is safe/private to leave a message for me about: (appointments, updates, who is calling, etc.)
☐ Text, if so which number(s)?	During these hours: _____ It is safe/private to text me about: (appointments, updates, who is calling, etc.)
☐ Email, if so which address(es)?	It is safe/private to email me about: (for example: appointments, updates, pamphlets/flyers, etc.)
☐ Mail, if so which address(es)?	It is safe/private to send information for me about: (appointments, updates, pamphlets/flyers, etc.)
☐ Other:	These are my specific instructions when you contact me this way:

I know if someone is monitoring my phone or computer, or if someone else has access to my phone or computer, they might see the messages, or information about the messages. Let an Advocate/Case Manager know if you would like more information about this to help safety plan around these potential risks.

Signature: _____

Date: _____

This page intentionally left blank.

SUPPORT GROUP AGREEMENT

Confidentiality of Persons

All clients at A Better Way should be able to place complete trust in confidentiality. This means that you can share freely with other group members and rest assured that anything you say will not go beyond the group.

Therefore, it is vitally important that you do not talk to friends, relatives, absent group members/clients or anyone else about ABW clients/group members or anything that is discussed in group.

- ☒ ***As a group member, I agree to maintain the confidentiality of the group discussion, members and location. I understand that if I violate confidentiality to anyone, I might be subject to termination of ABW services.***

Confidentiality of Location

A Better Way is dedicated to providing a safe environment for all clients of this organization. Therefore, it is vitally important that you do not talk to your abuser or anyone else in contact with your abuser about the location of shelter or where support group meets.

- ☒ ***As a group member, I agree to maintain the confidentiality of the locations. I understand that if I tell my abuser the location of Shelter or of the support groups, I might be subject to termination of ABW services.***

Support & Advocacy

We are here to assist victims of domestic violence and sexual assault. You don't need to go it alone. Advocacy is available every step of the way:

- Accompaniment to Court
- Obtaining Protective Orders
- Legal Rights Education
- Preparation for Testimony
- Assistance Throughout the Legal Process

- ☒ **I understand that the A Better Way court support staff/volunteer can accompany me through this court process for the sole purpose of providing emotional support. I also understand that A Better Way is not providing me with legal representation, consultation or advice.**

Client Signature

Date

Staff/Volunteer Signature

Date

GIVE COMPLETED COPY TO CLIENT

This page intentionally left blank.

SUPPORT GROUP CODE OF CONDUCT

✓ **Respect Confidentiality**

This includes the location of both meeting places, the families who attend, and the staff. You *may not* be dropped off or picked up at the group location by your abuser, under any circumstance. If you need transportation, we can gladly provide it.

✓ **Confirm Transportation**

If you do need transportation to **or** from group, please inform ABW no less than two hours before group is to begin. If you currently live with your abuser, we cannot come directly to your home; however, we can coordinate to pick you up at an alternate location.

✓ **Be on Time**

Please be mindful of our support group time schedule. It is required that you be on time both at the beginning of Support Group and when returning from break.

✓ **Make an Appointment**

No one is allowed to come before group or allowed to stay after to receive other services from ABW. An appointment must be previously arranged in order to do so.

✓ **Be Respectful**

In order to foster an environment of respect and healing, only one person is permitted to speak at a time during Support Group. Side conversations are not allowed. Respecting all persons is mandatory. No kids are to be in the meeting room unless previously approved by staff.

✓ **Bring Child Care Items**

It is mandatory for clients to provide the necessary items to care for their children during Children's Group. This may include, but is not limited to: diapers, wipes, bottles and formula. It is also expected that if a child is not completely potty trained, that they come to group wearing the appropriate protection, whether that be a diaper or pull-ups.

✓ **Food**

Only drinks and small snacks can be brought with you into group. Dinner may be provided depending on which support group you are attending.

Client Signature

Date

Staff/Volunteer Signature

Date

GIVE COMPLETED COPY TO CLIENT

This page intentionally left blank.



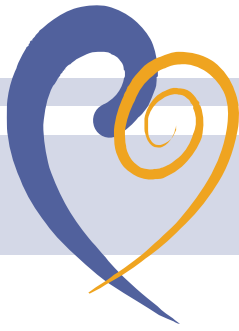
A Better Way Services, Inc.

Policies and Procedures

SUBJECT: Non-Residential Clients of A Better Way

- Non-Discrimination Policy: A Better Way does not discriminate on the basis of race, religion, handicap, sex, age, color, national origin, gender identity, or sexual orientation.
- Location Confidentiality: Under absolutely no circumstances may you reveal the location of the ABW building or our support group to your abuser, or any information about other clients or staff to any person, including friends, family members, pastors, or anyone else. Confidentiality regarding our building and those we serve is very important and we will not allow the safety of any other current or future clients, staff or volunteers, to be jeopardized by revealing confidential information. Breaking confidentiality will result in a review of enrollment in ABW non-residential services.
- You must plan ahead if you need staff assistance with transportation due to bad weather or serious safety issues. At no time will staff accompany any client to meet an abuser unless required for legal purposes and with a police escort.
- Clients shall be informed of A Better Way Expectations and Guidelines. Each client will be given a set of guidelines upon intake. We will also post Expectations and Guidelines, child abuse reporting procedures, no smoking policy, first aid instructions, federal equal opportunity posters, and non-discrimination statement in within common areas of the building.
- Photos & Video: Clients will be made aware that the location of some cell phones can be tracked. Clients may not use their camera phone, or any other camera, to take pictures, record video, FaceTime, Skype, or use any other video messaging app while on A Better Way property.
- Clients shall be allowed to send and receive necessary, uncensored, mail through the PO Box.
- Drug and Alcohol Policy: A Better Way does not allow alcohol, illegal drugs or marijuana on the property. Possession of these items will result in a review of enrollment in ABW non-residential services.
- A Better Way does not allow weapons in the facility. Evidence of weapons in the facility will result in termination. If an item you own may be questioned as a weapon, please alert ABW staff.
- Smoking: Tobacco use (cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, e-cigarettes, and any other products made for smoking or the simulation of smoking) is not allowed inside the building. Smoking area's outside are marked. Please keep the area clean.
- A Better Way will provide reasonable accommodations to persons who are differently-abled. Those accommodations at a minimum will include a flashing audible and written emergency/security system, wheelchair accessible entrance, and bathroom, and access to outside sources for special needs. A Better Way will not be responsible for any bills resulting from emergency medical care or ambulance services.
- A Better Way will not interfere with reconciliation efforts, as long as those efforts do not compromise the safety of the A Better Way building.
- The client has the right to confidentiality, which specifically applies to the identity and location of the client, and the contents of the client files. Children are also considered clients.





A Better Way Services, Inc.

Policies and Procedures

SUBJECT: Non-Residential Clients at A Better Way – Continued

- Consent for Disclosure: If you desire ABW staff to communicate with another agency or individual on your behalf, you may request that we do so. You will be asked to sign a Release of Information/Consent for Disclosure form which gives us permission to do this. You may request a copy of this form if you wish and you may rescind your permission at any time.
- A Better Way will report suspected child abuse or neglect of children to Child Protective Services as required by State law.
- Medical Bills: ABW will not be responsible for any bills resulting from emergency medical care or ambulance services.
- Respect to Facility: We ask that residents and their children treat this facility with care. Repairs to the facility cost money, and will affect the level of services we are able to provide.
- A Better Way staff, volunteers and residents will not influence, promote or prohibit an individual's religious practices. Participation in religious activities will not be a condition to receiving services or participating in agency sponsored activities. Neither will clients be prohibited the free exercise of their personal religious beliefs as long as it does not endanger others or infringe upon the rights of others. Religion is an individual choice.
- The client has the right to file a grievance. The client will first meet with a victim advocate or case manager to voice the complaint. If not satisfied, the complaint should be submitted in writing to the Site Coordinator and/or Executive Director. The Site Coordinator and/or Executive Director will discuss the grievance with the client. If the issue is still not resolved, the written grievance may be submitted to the President of the Board of Directors of A Better Way, who will take it to the Board Executive Committee. All Board Executive Committee decisions will be final.
- The client has the right to request review of her/his file through a written request to the Site Coordinator and/or Executive Director. Upon approval by the Site Coordinator and/or Executive Director, the client may review her/his file in the presence of a staff member. The client may request a correction or removal of a segment of her/his file. If the request is denied, standard grievance procedures may be followed. The client may submit rebuttal data or memoranda to her/his records. This material will be in writing and a copy will be maintained in the client file. Since the case material is the property of A Better Way Services, Inc., the client may not be given material directly from her/his file, but copies of the material may be given upon request.
- Child Supervision: Parent must supervise their own children.
- Respect: Please treat all clients, volunteers, and staff in the same manner that you would like them to treat you, with respect, courtesy, and friendliness.

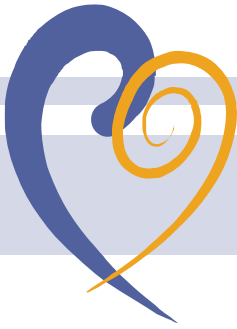
Client Signature

Date

Staff/Volunteer Signature

Date





GIVE COMPLETED COPY TO CLIENT

A Better Way Services, Inc.

Policies and Procedures

SUBJECT: Guidelines and Expectations of Non-Residential Services from A Better Way

The following rule violations will result in a review of your current enrollment in services and may result in a warning, written warning, and/or suspension of services.

- ☐ Breaking confidentiality of any staff person, volunteer or client of A Better Way.
- ☐ Use or possession of drugs or alcohol at A Better Way.
- ☐ Smoking inside the building.
- ☐ Threats or threatening behavior toward other clients, volunteers or staff.
- ☐ Behavior of a non-cooperative, violent or deviant nature.
- ☐ Negligence or refusing to properly care for your children.
- ☐ Inappropriate behavior around children
- ☐ Discovery that client sought out services under false pretenses
- ☐ Repeated violations of A Better Way Rules

If the rule violation is of an illegal or violent nature (i.e. illegal drugs, weapons, threats or actual violence), the Site Coordinator and/or Director will be contacted and the client will be told to leave ABW property immediately.

Lesser violations will be brought to the attention of the Site Coordinator and/or Director, who will determine current eligibility for non-residential services.

Regarding suspension, clients may follow general grievance procedures.

Client Signature

Date

Staff/Volunteer Signature

Date

GIVE COMPLETED COPY TO CLIENT

This page intentionally left blank.



A Better Way Services, Inc.

Policies and Procedures

SUBJECT: Information Provided at Intake

I was provided information on each of the following items at intake with A Better Way Services, Inc.:

- ☐ Explanation of available services – “Why Contact A Better Way?”
- ☐ Self-Care Information and Plan
- ☐ Safety Planning Information and Tips
- ☐ Appropriate Safety Plan
- ☐ Notice of Victim Rights
- ☐ Support Group Code of Conduct
- ☐ Non-Residential Policies and Procedures Statement
- ☐ Guidelines and Expectation of Non-Residential Client
- ☐ Address Confidentiality Program
- ☐ HMIS Privacy Practice Notice
- ☐ Information about Victim Compensation, Protective Orders, and other legal options
- ☐ A Better Way Services Brochures
- ☐ Indiana Coalition Against Domestic Violence Brochure
- ☐ Education Packet – Either Domestic Violence or Sexual Assault

Client Signature

Date

Staff/Volunteer Signature

Date

This page intentionally left blank.

NON-RESIDENTIAL INTAKE CHECKLIST

Initial Intake Appointment

Initial Completed		N/A
	Crisis/Information Intake	
	Completed Non-Residential Intake Form ☐ Client Information ☐ Children's Information ☐ Sensitive Information ☐ Abuser Information ☐ Incident Narrative ☐ Lethality Assessment ☐ Safety Planning Information and Tips	
	Complete Counseling Referral Form	
	"How to Contact me" form	-----
	Support Group Agreement and Code of Conduct	
	Non-Residential Policies and Procedures	-----
	Appropriate Safety Plan – Circle all that apply - Self-Care Plan, Suicide Safety Plan, Crisis and Brief Safety Plan, Personalized Safety Plan	-----
	Provided client documents/copy of documents	-----
	Next Appointment Scheduled	-----
	Complete the Home and Community Risk Screening - if needed	
	Sex Offender Registry (check online database) for staff safety	-----
	MyCase Check (check online database) for staff safety	-----
	Entered in DV Client Track	
	Submit file to Site Coordinator for assignment	

Staff/Volunteer Signature

Date

Second Appointment

Initial Completed		N/A
	FDM and Strengths and Needs Assessment	-----
	Next Appointment Scheduled	-----
	Home and Community Risk Screening Tool – if needed	
	Entered in DV Client Track	-----

Staff/Volunteer Signature

Date