



**WOMEN OF TODAY (WOT) INTAKE FORM- CONFIDENTIAL**

**I. Explanation of Confidentiality Policy:**

The information requested by the program is gathered and maintained with strict respect for confidentiality. All intakes and follow-up sessions are conducted in a confidential manner. All client files are gathered and maintained in secure, locked areas. All ARC WOT staff members have signed confidentiality agreements which forbid sharing of information about program participants without their expressed consent. All program participants must agree not to share information about other participants both during and after the program. Participant progress notes may be shared by supervisory and field staff within the program, but any outside requests for information must pass through the Program Coordinator. The Program Coordinator may release general program statistics with all confidential information (name, DOB, address, card #) removed. The confidentiality policy does not apply if the client poses a direct threat to self or others (i.e., threats to injure staff, suicide, etc.), but in this case, only relevant information will be shared.

**Do you understand the policy?** Y N **Do you agree to share information for intake?** Y N  
**Do you agree to respect the confidentiality of others in the program during and after participation in the program?** Y N

**II. Name:** \_\_\_\_\_ **Gender:** M F **Nat.:** SL L Gui Other: \_\_\_\_\_

**Age:** \_\_\_\_ If minor, name parents/guardians: \_\_\_\_\_

**Do you have a refugee card?** \_\_\_\_ If yes, card #: \_\_\_\_\_ If no, may we refer you to get one? \_\_\_\_\_

**Marital Status:** Single Married Divorced/Separated Widowed **Education:** (last grade completed) \_\_\_\_\_

**# Children** \_\_\_\_\_ **# Dependents:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_ **Future Address:** \_\_\_\_\_

**Additional Vulnerability:** UAM SOV (non-SGBV) SOV (SGBV) Hand. Elderly SP Other: \_\_\_\_\_

**When did you start this work?** \_\_\_\_\_ **Why?** \_\_\_\_\_

**Who are your clients? (no names, just professions)** \_\_\_\_\_

**How much do you earn per client?** \_\_\_\_\_

**How much do you earn per week?** \_\_\_\_\_

**Do you have any concerns/fears about this work?** Y N

**If yes, what?** \_\_\_\_\_

**What is your major concern at this point (describe)?**

**What do you want to do about this?**

**What assistance do you need?**

Counseling  Protection/Rights Education  Medical Care  ID/Registration  Non-food items

Shelter  Voc. Training  Other: \_\_\_\_\_

Interviewer Comments:

Name/signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_