**MASS VIOLENCE INCIDENT RESPONSE INTAKE FORM (OPTIONAL)**

**FORM B**

***This form is to ensure that information is collected to aid in continuity of services. Please complete when working with injured victims or the NOK of deceased victims. Use your professional discretion for all others.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Victim Secondary Relationship to primary Victim:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F / O \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal barriers to service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is primary victim deceased? \_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If deceased, where are victim’s remains: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| Date: | Needs addressed/connections made: | Ongoing/Upcoming Needs: | Advocate: |
|  |  |  |  |
| Date: | Needs addressed/connections made: | Ongoing/Upcoming Needs: | Advocate: |
|  |  |  |  |
| Date: | Needs addressed/connections made: | Ongoing/Upcoming Needs: | Advocate: |
|  |  |  |  |

**IMPORTANT:** Explain to victim that you will share their information (and why) with the DA-VAP, who may share with LEA or prosecutors. Do not share this information in any other capacity without a signed ROI.