

SPECIAL ASSESSMENT, INTERVENTION & LIAISON PROJECT

The Alabama Department of Human Resources and the Alabama Coalition Against Domestic Violence have established the Special Assessment, Intervention & Liaison (SAIL) Project. The SAIL Project will provide domestic violence assessment and services for Family Assistance and JOBS clients.

Name _____ DOB _____

Address _____ Phone Number _____

The following questions are to help you and to determine if there are any problems that might prevent you from getting or keeping a job or from getting child support. This information is voluntary. Your answers will not affect your eligibility for Family Assistance. Any information you give will be kept confidential within DHR and related domestic violence programs. If you tell us that any child is abused, we are required by state law to report that information to the Family Services Division, Department of Human Resources for follow-up. If you answer "yes" to one or more of the following questions, your worker will make a referral to the local Domestic Violence Specialist, unless you indicate you do not want a referral. If you answer "no" to all of the questions, please let us know if your situation changes. We want to help you.

1. Is there someone (friend, relative, child, spouse) who has ever physically, sexually, or emotionally hurt you? For example, has anyone ever:
 - ❖ Pushed, grabbed, shoved, slapped or hit you? _____ Yes _____ No
 - ❖ Kept you away from family and friends, or prevented you from leaving your home or going where you wanted to go? _____ Yes _____ No
 - ❖ Consistently put you down or told you that you are worthless? _____ Yes _____ No
 - ❖ Followed or kept check on you? _____ Yes _____ No
 - ❖ Threatened to hurt you, other family members or your pets? _____ Yes _____ No
 - ❖ Threatened to hurt your children or threatened to take them away, or have them taken away from you? _____ Yes _____ No
 - ❖ Withheld food, clothing, or other needs? _____ Yes _____ No
 - ❖ Caused problems for you by showing up at your place of employment? _____ Yes _____ No
2. If so, who hurt you? _____
3. Is this happening now? _____ Yes _____ No
4. Is there anyone you are afraid of? _____ Yes _____ No If so, who? _____
5. Are you in danger now and in need of emergency shelter? _____ Yes _____ No

Please give phone number or address where the Assessor may contact you that will not put you in danger.

DHR USE ONLY

FA Case Number _____

Referred to: Domestic Violence Assessor _____ Yes _____ No

Payee Gross Income: _____

No Referral made due to: _____ 1. All "no" answers

Payee Included in FA assistance unit? _____ Yes _____ No

_____ 2. Form not completed

_____ 3. Refused referral

Comments: _____

Name of JOBS worker: _____

PA Worker Signature _____ Date _____

SAIL USE ONLY

Safety Plan Initiated due to client being in imminent danger or threat thereof? _____ Yes _____ No

Comments: _____

Assessor Signature _____ Date _____