

County: _____

Date: _____

Lethality Assessment

To staff: You may end this assessment anytime you feel you have sufficient information to determine the safety issues the client is presenting with today. Please sign and date the assessment after the safety planning.

Are they **in danger** right now? Yes No Do they need medical attention? Yes No

Do they have a **safe place to stay** with family/friends? Yes No If so, for how long?: _____

Where is their **partner now**? _____

Can they talk about the **most recent incident** that led them to seek shelter today? (obtain a clear **timeline** of events; why seeking shelter now; is **homelessness** a factor?) _____

What is the current **nature of their relationship** with their partner (when the abuse began, how long they've been together, etc.) _____

If they have tried to **leave before**, talk about how their partner reacted. (**stalking**/following; called incessantly, etc.) _____

Can they describe incidents of **physical or sexual abuse** they may have experienced recently or in the past? (hitting, **strangling/choking**, grabbing, pushing) _____

Can they talk about their partner's **controlling behaviors**; how they act when they go places without their partner (work, family gatherings, errands, etc.) and/or when they go places together (Stalking/following; **jealousy**, monitoring phone calls, etc.) Does their partner **recruit others** to harass her or have gang affiliation? _____

Can they describe any **verbal and/or emotional abuse** they may be experiencing (calling names, humiliating)? _____

Has partner ever **physically prevented** them from **leaving a room** or calling for help when s/he wanted to? Yes No If yes, please describe: _____

Has caller/walk-in ever needed **medical care** in the past because of their partner's actions? Yes No
If yes, please describe: _____

Does their partner use **drugs or alcohol**? Yes No If yes, type: _____
If yes, is their partner more violent when drunk or high? Yes No
(assess for **caller/walk-in's history of drug/alcohol use**)

Does their partner have access to **guns or other weapons**? Yes No
If yes, please describe: _____

What **types of threats** does the partner communicate to caller/walk-in? (threats to safety; threats of **suicide**; family members/ kidnapping children; **abuse to pets, immigration** issues, etc.) _____

Does caller/walk-in **believe the threats** could be carried out? _____

Lately (or before you left), how **frequently** have threats or assaults been occurring? _____

Have they been **increasing in intensity and/or frequency**? Yes No If yes, please describe: _____

Are there pets in the home? Yes No

Do you worry about something bad happening to them if you were to leave? Yes No If yes, please describe: _____

Is there a safe place your pet(s) can stay if you left? Yes No

Is there any **additional information** they feel is important for us to know in considering shelter? _____

Has caller/walk-ins partner ever **worked for law enforcement**, as a utility or maintenance worker? Yes No
(if yes, cross reference to business list below; for staff purposes only)

Shelter Screen

When would caller/walk-in be **available to enter shelter**? _____

Does caller/walk-in's partner know where our shelter is located? Yes No Unsure

How many **children** coming to shelter? (ages and gender of children) _____

Does caller need a **crib** or any **other accommodations**? Yes No (Please verify with shelter staff or SM)

Where is caller/walk-in's partner employed? (cross reference to employers below) _____

Time presenting for transportation to shelter (if after 5:00 pm, contact volunteer/SOC) _____

Air Tech of Michigan	Keppel's Lock and Safe	Quality Door
CJ's Caulking	Lakewood Construction	Reimersma Roofing
City of Holland meter reader	Landscape Design Services	SEMCO & Holland Charter Twp. Emergency response
Dashmaster Automotive	McNally Elevator Company	Sentry Fire Protection
DeBoer Bakery	Northgate Appliances	Shoreline Pest Control
Fris' Office Outfitters	Parkway Electric	Tulip City Asphalt
Holland Area Ambulance Drivers	Peerbolt's Heating and Cooling	Van t'Hof Gates
J & R Taxi	Progressive/Modernistic Cleaners	Vanden Heuval Plumbing

Shelter Approved? Yes No (If yes, complete Shelter Intake and fax to GP)

Reminder Checklist for Approved Shelter Clients:

- Confidentiality reminder
- No transportation provided
- Contagious diseases screening
- No weapons at shelter
- No child care, must stay with children
- No drugs/alcohol
- 30 day stay

Interim Safety Plan

- Obtain a PPO and carry a copy at all times
- Carry a cell phone and keep it charged
- Call 911 and/or 24 hour crisis line if needed
- Keep a 1/2 tank of gas at all times
- Pre-arrange a temporary place to stay with a family member or friend
- Wear comfortable shoes at all times
- Notify neighbors of situation
- Purchase an open-ended bus ticket
- Notify children's school/daycare and your employer of situation
- Create safety passwords with children
- Avoid kitchens and bathrooms (closed in spaces where there are hard surfaces and sharp objects)
- Keep important documents in a safe place (birth certificates, social security cards, license, immunization rec., extra ke
- Pack a bag with extra clothing, medications, toys, etc. and keep it in your vehicle or at someone else's house
- Create a list of emergency phone numbers and resources available
- Other: _____

Comments: _____

Crisis Worker Signature

Date