

**NORTH DAKOTA JOB OPPORTUNITY AND BASIC SKILLS (JOBS) PROGRAM
FAMILY VIOLENCE SCREENING DOCUMENT**

NAME: _____ M / F (circle one)

CASE NUMBER: _____ SSN: _____

1. Are you or have you been, in a relationship where your past or current partner (spouse, boy/girlfriend) has been physically, sexually, emotionally or verbally abusive? For example:

- Yes No **Pushed, shoved or slapped?**
- Yes No **Kept away from family and friends?**
- Yes No **Hit, kicked or punched?**
- Yes No **Destroyed your possessions such as car, clothes, furniture, family photos or hurt your pets?**
- Yes No **Threatened to take your child(ren) away from you?**
- Yes No **Monitored your actions, like listening to calls, following you, checking your mileage?**
- Yes No **Stalked you, like driving by your work, your house, showing up unexpectedly, or making a lot of phone calls to your work?**
- Yes No **Forced to do anything sexual you did not want to do or raped you?**
- Yes No **Told you that you are worthless, called you names or made you feel bad about yourself?**

Record your experiences below:

1. When did this happen? In the last month? In the last 6 months?

2. Is the abuser a parent of any of your children? Yes No If yes, who?

3. Are you afraid of this person? Yes No If so, describe?

4. Have you ever called the police because of this person? Yes No If yes, why?

5. Have you ever requested or gotten a Restraining Order? Yes No If yes, has the Restraining Order ever been violated? Yes No If yes, how many times? _____

6. Did this person ever prevent you from working or attending a training program or harass you at your workplace, or prevent you from receiving medical treatment? Yes No If yes, explain?

7. Does this person use alcohol or drugs? Yes No If so, what?

8. Does this person own any weapons? Yes No If yes, what kind? _____

_____ Have they ever threatened you with a weapon? Yes No

9. Has this person ever displayed cruelty to animals? Yes No If yes, when was the last time and what happened?

10. Has this person ever threatened to hurt or kill himself or herself? Yes No If yes, when was the last time? _____

11. Has this person ever threatened to hurt or kill you, your child(ren), or a family member? Yes No If yes, when was the last time?

If you have answered "no" to these questions, please let us know at any time if you

feel that you or your child(ren) are in danger. I am giving you a listing of places to call if you ever feel you or your child(ren) are in danger.

Worker Initials

Date

October 2011

One copy to the participant file and give one copy to the participant.