

**CONCERNED PERSONS SUPPORT GROUP
INTAKE ASSESSMENT**

Name: _____ Birth date: _____

Address: _____ Phone: (h) _____
_____ (w) _____

Email: _____

May we call or leave a message at the telephone number(s) given? _____

How did you hear about this support group? _____

How are you related to the victim? _____

Do you know or are you related to the perpetrator? _____

Was the assault/abuse reported to the police? _____ If so, what was the outcome? _____

How did you react when the victim told you about the assault/abuse? _____

How have you been affected by the assault/abuse? _____

Have you attended any other support groups? _____ If yes, where? _____

How do you think this group will help you? _____

Do you have any questions or concerns? _____

Who should we contact in case of an emergency? _____