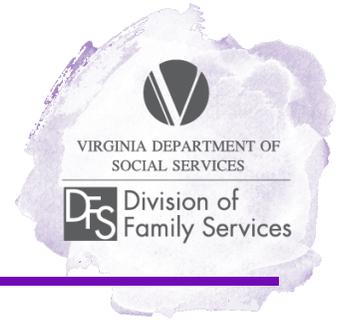


SECTION: SHELTER

TOPIC TITLE: Shelter Intake



Importance of Topic:

The intake process is an opportunity for advocates to assess the unique circumstances and needs of an individual survivor in order to match that person with the best possible services and resources to meet their needs and goals (including shelter, community-based advocacy, and support groups for example). Intake is also where an advocate will welcome the survivor to the shelter and program and discuss rights and responsibilities, services available, communal living and accessibility concerns, and provide an opportunity for the survivor to begin to tell their story and build a trusting relationship with an advocate and the DVP.

Statutes/Professional Standards:

- Code of Virginia Reference: None
- [Professional Standards Reference](#): None

Terms Used or Needed to Understand this Topic:

Intake process: Dialogue between advocate and survivor to gather and share information necessary for the survivor and advocate to work together to build trust and identify the survivor's needs/goals. Some of this process is dedicated to gathering information necessary to meet agency/funder data requirements.

Did You Know?

The intake process can be seen as a continuation of the screening process and is conducted more like a conversation instead of completing a checklist.

The intake process can be completed over a series of sessions as survivors begin to adjust to the change in their situation. Every person responds to trauma differently and some people may want to talk about everything right away while others may need more time

before they can open up.

Racial/Social Justice Focus:

Intake could feel like an interrogation to some survivors, particularly those who have tried to access community services before and were required to give a lot of information to the service provider. Survivors may feel like the intake process is a potential trap and can be guarded to ensure they don't lose access to any potential services offered by your program. Survivors from marginalized communities may have experience with not being believed or being denied services at other agencies. Staff should consider how the intake process could feel to survivors with backgrounds and identities different from their own and seek to eliminate or reduce barriers during the intake process.

Scenario 1: Keiko received a brief tour of the facilities and was able to get some of her immediate needs met before getting her first full night of sleep in a very long while. Keiko slept until about 9 in the morning and took her time getting herself together before heading to the kitchen area for tea. At this time, she checks in with the advocate who will be gathering information from her through the agency's intake process. Keiko's primary language is Japanese and she is worried that she won't be able to fully understand everything the advocate will ask of her. The advocate asks Keiko if she would be more comfortable answering questions about her experiences in Japanese or English and offers to use the language line to make sure Keiko understands everything. Keiko prefers the language line and they begin the process by having her share some personal information for the agency's records. Keiko takes breaks throughout the process and tries to share as much information as she feels comfortable with and her advocate allows the conversation to ebb and flow. Once the initial set of intake conversations have been completed, Keiko understands the breadth of services available to her and is building a trusting relationship with her advocate and the rest of the program staff. She is feeling confident that she can express herself fully and understand the staff with the use of an interpreter when necessary.

- How did this program provide meaningful access to the intake process for Keiko (whose primary language is Japanese)?
- In what ways is Keiko encouraged to trust the advocate and program staff?

- How are the needs of the survivor centered in this example?

Scenario 2: During the intake process, Lena, an African-American woman, snaps at her child several times and rolls her eyes at the advocate when asked to tell her about her relationship and what prompted her to seek shelter. Lena tells the advocate that she already told the lady on the phone all of this and asks why she has to tell it again. The advocate quickly responds by telling Lena she doesn't need to get angry which upsets Lena because she is not angry. She is tired, scared, and feeling judged by a stranger who can either help her get the support she needs or keep her from it. The advocate is frustrated with Lena and shares with a co-worker that she bets Lena will make trouble in the shelter.

- How do you think Lena's experience in the shelter will go? Will she be trusted by staff? Will she trust the staff?
- What could the advocate have done differently to help Lena navigate the intake process?

Trauma-informed Focus:

Some survivors may not have a complex understanding of trauma and its impacts on the body and mind. Advocates can be mindful of the impacts of trauma and watch for responses from the survivor throughout the intake process. This could also be an opportunity to talk about the impact of trauma and encourage the survivor to take breaks as needed and offer validation and support. Advocates can share mindfulness/centering exercises to help survivors who have trauma responses during this time. When the client is sharing their story, the advocate can validate and ask clarifying questions that are necessary while following the survivor's pace.

Promising Practices:

Overview of General Characteristics:

- Offer food and/or beverages before getting started to allow for a "pause" between arrival and intake.
- As part of the intake process, offer the survivor (and their children) a tour of the facilities and inform them of the resources and services available to them.

- Let the survivor take breaks as needed.
- Intake can be completed over multiple sessions and does not need to start the moment a survivor arrives at the shelter.
- Minimize duplication of questions when possible.
- Use forms that prompt advocates so they can ask necessary questions and understand why each question is being asked.
- Advocates provide information about the effects of trauma and abuse on survivors and their children.
- Intake questions are regularly reviewed for relevance either to the survivor/advocate relationship or for meeting funder requirements.

Examples:

- **Avalon** (Williamsburg) has a dedicated initial intake space located in their Life Skills Building that has a play area for children and comfortable furniture to make the process feel less investigatory and to begin building trust between survivors and advocates. The space includes laundry machines and a hot box to treat belongings and kill bed bugs and other pests in a non-toxic manner prior to shelter entry. Staff are trained to follow the lead of the survivor and believe that a full intake could take anywhere from a couple days to a week to complete the process. Once the initial intake has been completed, the remaining process will occur within the shelter building in an advocate's office. The office has an open line of sight to the children's play area so a survivor with children can have more privacy when discussing sensitive issues with their advocate. Staff sometimes work as a team to support an intake process, particularly if it is for someone with a lot of challenges or immediate needs. Avalon has translated all intake forms into Spanish which is the second most frequently spoken language in their service area after English. Avalon recognizes the emotional toll that intake can have on their staff and regularly offers opportunities for team debriefs and supervisory support.
- **First Step** (Harrisonburg) formats their intake questions along with the VA data advocacy form, where they go through and ask to obtain information needed for

their shelter program. They strive to transfer as much information gained from the shelter screening via hotline so questions are not duplicated. The intake packet includes a safety plan, which was especially found to be important to discuss at intake since some clients leave shelter within 24 hours. Staff meets with the client and goes over rights and responsibilities and talks about the shelter environment and a few other forms to go through and follow up later on with staff. They also discuss the grievance and harassment policies early on in the intake process so the client is aware of their options and rights. Clients are given a tour of the facilities before being set up in their rooms and provided with linens. Staff will go over everything in the intake forms with clients and will focus on sections if someone is struggling with understanding. First Step also strives to make the intake process accessible and digestible for all readers. Staff will provide opportunities for clients to take breaks or do the intake in steps to allow time to process, smoke a cigarette, and/or tend to any children present with staff in a neighboring room. Staff and leadership periodically assess the intake packet, specifically rights and responsibilities, and will make alterations as needed. There are four staff members who are bilingual in Spanish and English and provide intake forms in both English and Spanish to accommodate language access. To accommodate additional spoken languages, staff will use a language line (24/7 access).

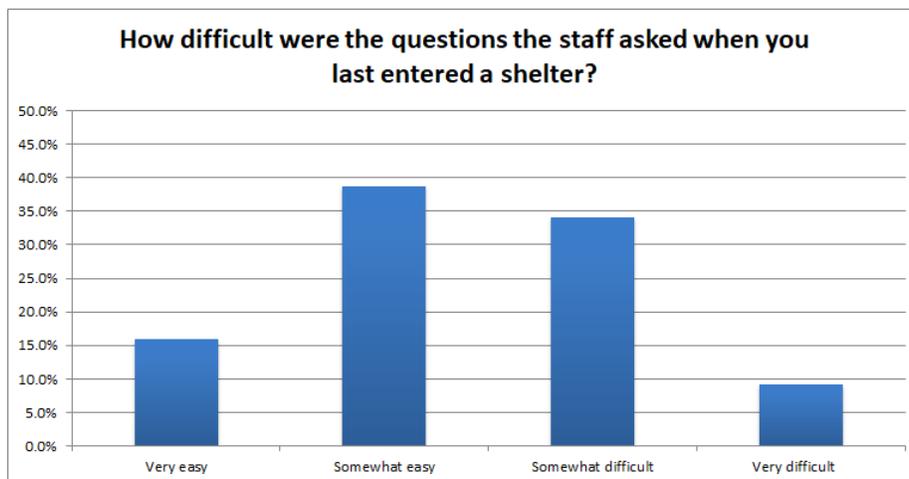
Program Focus:

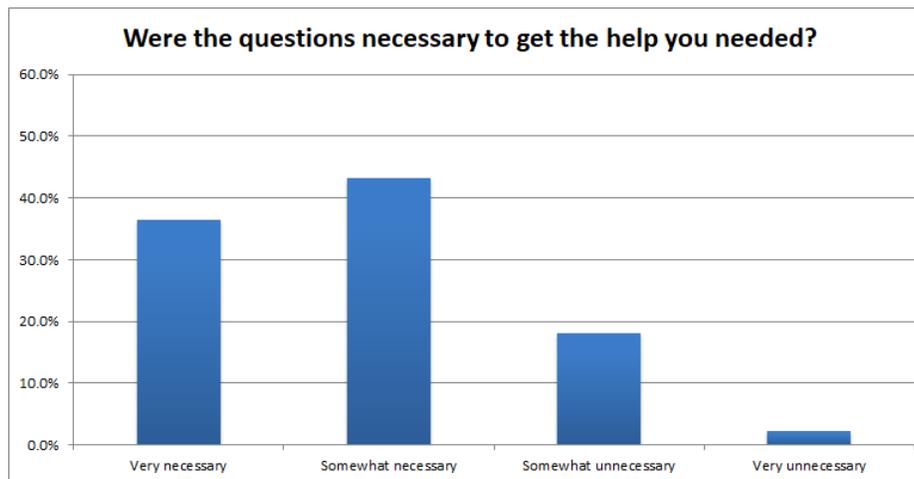
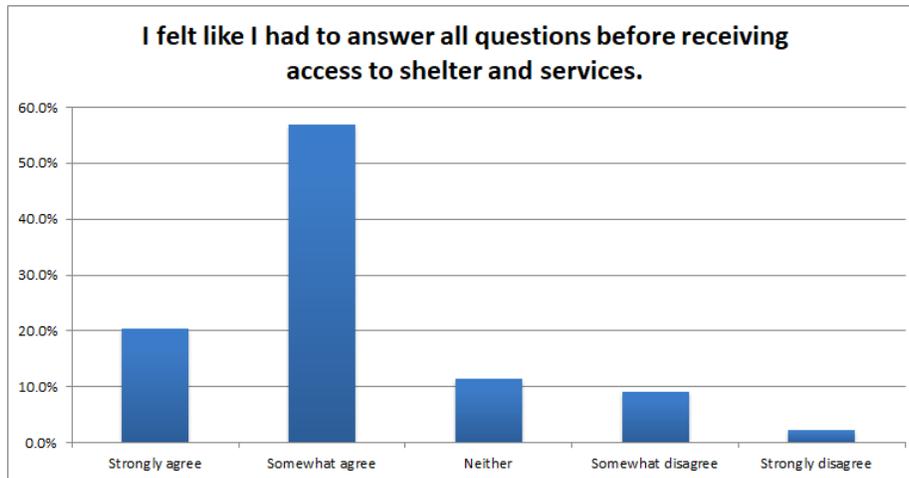
- Does your program have forms that prompt advocates with phrases/questions and the reasoning behind the questions?
- Has your agency reviewed the intake questions recently to ensure they are still necessary for either required data collection OR meeting the needs of the survivor?
- What are the barriers in your intake process and what can be done to make it more accessible?

Survivor voice:

Documenting Our Work Evidence

- “The first page of checklist [sic] would have been nice when I did intake [sic] (both [specific place] and now). I just now found out about all of these services and information. But I need to leave now.”
- “During intake make the intake more positive and have compassion [sic].”
- “I feel asking about my history of sexual abuse in front of my children was very inappropriate. When I commented I didn't feel comfortable discussing in front of my kids, I was told I had to complete intake & get the residency letter I needed to enroll my kids on school [sic]. my [sic] kids could have sat in another room for those types of questions.”
- “The intake woman was VERY nice, comforting and made me feel welcome and safe.”
- “Very fast intake process. Many services are offered and i [sic] was very glad they were not mandatory. My case worker [specific person] was very respectful and genuinely seems to care a lot about my well-being.”
- “The intake coordinators are the best and made us feel like we were safe and loved.”





Data from Survivor Voice Survey, 2021

COVID-19 Focus:

Intake processes change as shelter design changes. Moving to scattered shelter sites may mean longer intake processes for survivors. Intake paperwork may need to be reduced to limit the burden on survivors. Advocates should avoid asking about COVID-19 status during intake, but if survivors mention it, be prepared to provide the necessary accommodations such as separate spaces or assistance with medical care. Shelters can also explain universal precautions being taken such as wearing masks in communal spaces, staying six feet away from staff and others, and washing hands frequently.

COVID-19 Examples:

- Avalon (Williamsburg) - Avalon shelter does not ask survivors any COVID-19 screening questions during intake. Instead, advocates encourage survivors to feel comfortable talking to them about their health status. If a survivor tells staff they

may be COVID positive, they take measures to ensure the survivor has access to necessary items during their two week quarantine period.

- After Virginia's shelter in place orders, First Step's direct services are now offered by phone, telehealth platforms and/or in person. They began doing intakes over the phone after briefly greeting the client in person. First Step still utilizes the same intake packet for information needed. Since COVID-19, clients now go directly to alternative shelter (hotel) first and as space opens up and, if they want to continue services, they enter shelter. Depending on the person's safety concerns, they occasionally enter shelter directly. The intake process typically now happens the next day after someone gets settled into a hotel. Staff members will go meet with clients to complete intake or have them come to the office to do intake. Regardless of the location, masks and social distancing protocol are strictly maintained and this time is spent assessing and providing any items needed. Sometimes this works well, sometimes it doesn't. First Step has found that many people brought in by law enforcement don't always stay (leaving within 24 hours before moving on elsewhere or returning to home). The intake process has worked best if the client can do the intake with a staff person in the office, which during COVID-19 is not always possible. Following the intake, staff may continue advocacy over the phone or use a telehealth platform to discuss with the client about their additional needs. Since First Step's office and shelter are in the same building, it has been challenging with the need to decrease the number of people in the office due to social distancing. They have cut back on the amount of space available in shelter and have been relying on alternative shelter spaces. Fortunately, First Step has received COVID-related funding to support hotel funds.

During COVID-19:

- Has your agency determined a revised intake process based on changes you have made to your shelter design?
- Does the effort for the intake process continue to be reasonable during current circumstances?
- What new intake challenges are you facing and how can you change the process to overcome them?

Additional Resources + Links:

Videos:

- [Screening and Intake Forms Recorded Webinar](#), Washington Coalition Against Domestic Violence - Intake process begins at 1:14:50 and goes through WSCADV's model forms and process.
- [A Home of Their Own](#), PBS - 2 minute clip about intake process at a homeless shelter in Utah from the PBS documentary.

Publications:

- [Screening and Intake Forms for Domestic Violence Emergency Shelters](#): Washington Coalition Against Domestic Violence - model forms and procedures with intake beginning on page 10.
- [How the Intake Process Feels to Victims Exercise](#): National Resource Center on Domestic Violence - a brief exercise to help advocates reflect on current intake questions and process.
- [Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations](#): National Center on Domestic Violence, Trauma, and Mental Health - pg. 27-31 specifically focuses on the intake process and reflecting on how accessible, culturally responsive, and trauma-informed the intake process is and how to address any challenges.