



20 International Drive Suite 300 Portsmouth, NH 03801 Hotline 603-994-SAFE (7233) Fax 603-436-7951

SUPPORT GROUP INTEREST FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Age (circle one)

A: 18-25 B: 26-40 C: 41-59

D: 60-74 E: 75+

Phone: Day \_\_\_\_\_

Gender: ( ) F ( ) M ( ) T

Evening \_\_\_\_\_

Primary Language: \_\_\_\_\_

Cell Phone \_\_\_\_\_

What are the best day(s)/time(s) to contact you? Day(s) \_\_\_\_\_ Time(s) \_\_\_\_\_

Who should we contact in the case of an Emergency?

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone #: \_\_\_\_\_

We are mindful of the safety and privacy of our clients. If you are not available, may we leave a message?

On an answering machine or voicemail? ( ) yes ( ) no

If yes, special instructions (please be specific\*)

With the person who answers the phone? ( ) yes ( ) no

If yes, special instructions (please be specific\*)

\*For instance, may we identify the organization as HAVEN or should we just leave a name and a number?

Please fill out what may apply to you below:

I am experiencing or have experienced the following:
( ) domestic/intimate partner violence ( ) childhood domestic violence ( ) witnessing domestic violence as child
( ) sexual assault/rape ( ) childhood sexual abuse/incest ( ) teen sexual assault ( ) sex trafficking ( ) sexual harassment
( ) stalking ( ) other \_\_\_\_\_
The assault/abuse was perpetrated by:
( ) acquaintance ( ) friend ( ) stranger ( ) parent ( ) step-parent ( ) other relative ( ) partner ( ) employer
( ) other \_\_\_\_\_

I am the parent of a survivor of:
( ) sexual assault (rape) ( ) teen sexual assault ( ) adult survivor of child sexual abuse ( ) child survivor of child sexual abuse
( ) other \_\_\_\_\_

I am the partner of a survivor of:
( ) sexual assault / rape ( ) teen sexual assault ( ) adult survivor of child sexual abuse ( ) other \_\_\_\_\_



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**Please answer the following questions as they apply:**

If you are a person **under the age of 18** or the **parent of a minor** who has been physically or sexually abused, assaulted or neglected, have all incidents of this abuse been officially reported?     yes                       no\*

If yes, to whom? Please indicate all that apply and include city and state.

DCYF/DHS \_\_\_\_\_  Police \_\_\_\_\_

Other \_\_\_\_\_

**\*Please note: If abuse/assault of a minor has not been reported to the appropriate state child welfare agency, we must report the situation to be in compliance with state law.**

**The following information is requested by our funding sources and is reported anonymously.**

**Thank you for completing it.**

**How did you hear about HAVEN?**     Acquaintance     Court             Employer     Family/friend     Faith-based community  
 Lawyer             Medical             Therapist     Police             School/Campus  
 Website             Phonebook     Outreach (stickers, TV, newspaper)     Other: \_\_\_\_\_

**Ethnicity:**                       African American/Black     Asian American/Asian     Latino/Hispanic     Multiracial  
 Native American/Alaskan     White/Non-Hispanic/Caucasian             Other: \_\_\_\_\_

**Disability:**                       None                       Developmental             Emotional     Hearing             Mobility  
 Visual                       Multiple Disabilities     Other: \_\_\_\_\_

**Underserved Population:**     Elderly 65+     Immigrant     GLBTIQ             English as a Second Language  
 Live in Rural Town             Other: \_\_\_\_\_

**Estimated annual total family income:** \_\_\_\_\_

**Number of household members supported by family income:** \_\_\_\_\_

**Is the head of your household a single parent?**     yes                       no

**Would you like to be added to our general mailing lists?** (You can receive information on HAVEN outreach and events and/or fundraising.)

Address?             yes     no    If yes, which list? (outreach and events and/or fundraising): \_\_\_\_\_

Phone Number?     yes     no    If yes, which list?: \_\_\_\_\_

Email Address?     yes     no    If yes, please provide: \_\_\_\_\_

I certify that the information provided herein is true to the best of my knowledge. I understand that submission of this application does not insure placement in a group.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM PLEASE RETURN TO:  
HAVEN Attn: Support Groups 20 International Drive, Suite 300, Portsmouth, NH 03801**