



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

Phone: Day _____

D: 60-74 E: 75+

Cell Phone _____

Gender: () F () M () T

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 _____

Which group or groups are you interested in? _____



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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**