



Citizen Potawatomi Nation House of Hope
1601 S. Gordon Cooper Drive
Shawnee, OK 74801
405-275-3176 office
405-214-0638 fax

Application for Assistance

Name: _____ Gender: ☐ Female ☐ Male
Select age range: ☐ 13-17 ☐ 18-24 ☐ 25-59 ☐ 60 +
Contact Number: _____ Safe to call contact number: Y or N
Number of children living with you: _____
Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic/Latino ☐ Middle Eastern
☐ Native American Tribe: _____ ☐ Other
Emergency Contact: _____ Phone: _____
Do you have a physical/mental disability in which you receive social security benefits?
☐ yes ☐ no Explain: _____

Perpetrator Information and Description

Perpetrator Name: _____
Gender: ☐ Female ☐ Male Select age range: ☐ 13-17 ☐ 18-24 ☐ 25-59 ☐ 60 +
Ethnicity: ☐ Caucasian ☐ African American ☐ Hispanic/Latino ☐ Middle Eastern
☐ Native American Tribe: _____ ☐ Other
Description: Weight _____ Height _____ Eye Color _____ Hair Color _____
Scars, Tattoos, Beard _____
Perpetrator's relationship to the victim: _____
Perpetrator's past criminal history: _____

History of Abuse

Type of Abuse: ☐ Physical ☐ Emotional/Verbal ☐ Sexual ☐ Financial
Are you and the perpetrator currently living in the same home? ☐ yes ☐ no
Are you and/or your children in a safe place? ☐ yes ☐ no
How often does the abuse occur? Physical ☐ Daily ☐ Weekly ☐ Monthly ☐ Other
Emotional ☐ Daily ☐ Weekly ☐ Monthly ☐ Other
Sexual ☐ Daily ☐ Weekly ☐ Monthly ☐ Other
Financial ☐ Daily ☐ Weekly ☐ Monthly ☐ Other
Have you ever received medical treatment resulting from an abusive episode? ☐ yes ☐ no
Action taken after an abusive episode: _____
Are you currently residing in a shelter? ☐ yes ☐ no
Have you ever been in an abusive relationship in the past? ☐ yes ☐ no
Who referred you to this program or how did you learn about us? _____

Legal Information

Was law enforcement contacted during the recent abusive incident? ☐ yes ☐ no

If yes, please provide the following information:

Name of responding officer: _____ ☐ Police ☐ Sheriff ☐ Tribal

Agency/station: _____ County: _____

Were pictures taken of the abusive incident/scene? ☐ yes ☐ no

Was a protective order issued? ☐ yes ☐ no

Was the perpetrator arrested? ☐ yes ☐ no

Were charges filed? ☐ yes ☐ no

Narrative

History of relationship (Example: I have been in a relationship for 6 years, this relationship has been abusive for the last 4. During this time.....

Describe your current situation and reason for requesting assistance:

Location/address of recent abusive incident: _____

Date of occurrence of recent abusive incident: _____

Who was present during the recent abusive incident? _____

Please provide name(s) and relationship: _____

I am a victim of violence requesting assistance for services to alleviate family violence factors. The above information is true to the best of my knowledge. I am aware that federal funds are being used and penalties are subject to be used against me in the event of misrepresentation on my part. Your personal information is not shared with anyone outside this agency and without your written permission.

Signature

Date

Staff Signature

Date

Limited English Proficiency Line: 1-800-522-SAFE (up to 150 languages spoken)