Alaska Council on Domestic Violence and Sexual Assault
Program Participant Information Form

Program Participant ID: _____

Date of Contact: ____/____/____
MM / DD / YY

Name: _____ or ☐ **Anonymous Contact**
First Middle Last

Mailing Address

_____
Box/Street City State Zip

Contact Phone(s)

_____
(Only if safe to use) Home Work Cell Message

Program ID#'s of Participant's Children _____ _____ _____

PROGRAM PARTICIPANT DEMOGRAPHICS

Date of Birth: ____/___/___ **or** **Approximate Age:** _____ **Gender:** ☐ Female ☐ Male ☐ Other
MM / DD / YY

Race/Ethnicity:
(*select all that apply*)
☐ Asian ☐ Black/African American ☐ Caucasian ☐ Hispanic
☐ American Indian ☐ Native Alaskan ☐ Pacific Islander ☐ Unknown

Community of Residence: _____

Geographic Location: ☐ Rural (Not Anchorage or Fairbanks)
☐ Urban (Anchorage or Fairbanks)

Does Program Participant lack proficiency in the English Language? ☐ Yes ☐ No

Is Program Participant an immigrant, refugee or seeking asylum? ☐ Yes ☐ No ☐ Unknown

Is Program Participant experiencing a disability that limits daily activities? ☐ Yes ☐ No

The information contained on this form is protected by state and federal confidentiality laws and cannot be released from Program records without informed written consent of the program participant or a court order. Contact the Program Executive Director or the ANDVSA Legal Advocacy Project before releasing this information.

Completed By: **on Date:** **Reviewed By:** **on Date:**