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) Cell Home Work Message

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

PROGRAM PARTICIPANT DEMOGRAPHICS

Date of Birth: ____/___/___ **or** **Approximate Age:** _____
MM DD YY

Gender: ☐ Female ☐ Male ☐ Unknown ☐ Other (must provide explanation)_____

Race/Ethnicity: (*select all that apply*)

☐ American Indian ☐ Native Alaskan ☐ Pacific Islander /Native Hawaiian ☐ Other Race

☐ Asian ☐ Black/African American ☐ Caucasian/White ☐ Hispanic/Latino ☐ Race is Unknown /Not disclosed

SPECIAL CLASSIFICATIONS *(Self Reported)* Does the Program Participant Self-Identify as:

Deaf/Hard of Hearing?	☐ Yes	☐ No	☐ Unknown
Homeless?	☐ Yes	☐ No	☐ Unknown
Immigrant/Refugee/Asylum Seeker?	☐ Yes	☐ No	☐ Unknown
LGBTQ?	☐ Yes	☐ No	☐ Unknown
A Veteran?	☐ Yes	☐ No	☐ Unknown
Having a Disability--Cognitive, Mental, or Physical?	☐ Yes	☐ No	☐ Unknown
Having Limited English Proficiency?	☐ Yes	☐ No	☐ Unknown
Other? If so please explain_____	☐ Yes	☐ No	☐ Unknown

D.A.R.T. categories: (if items below are selected, please select "Having a Disability" above)

Alzheimer's disease and/or related dementia	☐ Yes	☐ No	☐ Unknown
Developmental disability	☐ Yes	☐ No	☐ Unknown
Traumatic brain injury	☐ Yes	☐ No	☐ Unknown
Unknown or other mental disability, including chronic alcoholism and/or other substance related disorder and mental illness	☐ Yes	☐ No	☐ Unknown

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:**