

Domestic Violence Client Registration for Children under Care and Support

Client Family Detail

Name: _____ EPICS/ARTES# _____

Date of Birth: _____ Gender: Female Male In shelter

Domestic Violence Target Population: Child Witness

Relationship to Client:

Brother Sister Daughter Son
 Granddaughter Grandson Step Daughter Step Son
 Spouse/partner Other _____

Ethnicity: White Non-Hispanic Hispanic/Latino(a) American Indian
 African American Asian Pacific Islander Other

Name: _____ EPICS/ARTES# _____

Date of Birth: _____ Gender: Female Male In shelter

Domestic Violence Target Population: Child Witness

Relationship to Client:

Brother Sister Daughter Son
 Granddaughter Grandson Step Daughter Step Son
 Spouse/partner Other _____

Ethnicity: White Non-Hispanic Hispanic/Latino(a) American Indian
 African American Asian Pacific Islander Other

Name: _____ EPICS/ARTES# _____

Date of Birth: _____ Gender: Female Male In shelter

Domestic Violence Target Population: Child Witness

Relationship to Client:

Brother Sister Daughter Son
 Granddaughter Grandson Step Daughter Step Son
 Spouse/partner Other _____

Ethnicity: White Non-Hispanic Hispanic/Latino(a) American Indian
 African American Asian Pacific Islander Other

I certify that the information above is true and correct to the best of my Knowledge.

(client/parent signature)

(date)