

Intake Policies

Tennessee Domestic Violence Shelter Best Practices Manual / Section III

The Rules of the Department of Finance and Administration, Chapter 0620-3-6, Family Violence Shelter Standards lay out the following written policies and procedures which domestic violence shelters receiving state or federal funding must have in place:

- A written non-discrimination policy with regard to sex, race, religion, sexual preference, national origin, disability, age or marital status in administering the program and in determining eligibility for the provision of service.
- An intake packet to include at minimum:
 - House rules ('The Big 4')
 - Confidentiality
 - This includes confidentiality of location, records and documentation, and services
 - Prohibition of weapons
 - Prohibition of violence
 - Prohibition of alcohol and illegal drugs on shelter property
 - A written policy regarding intake procedures including
 - A written policy which established 24 hour immediate access to staff or a trained volunteer
 - Eligibility of Services
 - Needs assessment and safety planning
 - An explanation of services available and how those services are accessed
 - A written statement of rights and responsibilities
 - Reason and process for termination from program
 - Program length of stay, availability of extension, and the process for re-entry to program
 - Policy and procedures for child and elder abuse reporting
 - Regarding and requiring reporting of child abuse to the Department of Children's Services.
 - Grievance procedures.
- A written plan for fire and tornado evacuation
- A written policy concerning the security of resident's belongings

- A written policy for utilization of a telephone by residents
- A written policy and procedure for emergency and routine medical needs of residents
- The following policies related to children:
 - A written policy concerning the educational plan for children in the shelter
 - A written policy concerning non-violent discipline to be practiced by staff and residents alike
 - A written policy regarding child care
 - A written policy regarding the rights and responsibilities of children and an orientation of these children, where age appropriate, to these rights and responsibilities

You can view the Family Violence Shelter Standards here-

<http://publications.tnsosfiles.com/rules/0620/0620-03/0620-03-06.pdf>

On the following pages you will find model versions of each of these required documents, with exception of the 'Big 4 Rules' which are located in the previous chapter beginning on page 148. Please feel free to copy and use the documents as they are, or adapt them to the needs of your agency. In the event that you do adapt the

documents, please refer to the Family Violence Shelter Standards so that you can be sure your adapted document meets all of the guidelines laid out in the Standards.

Model Policies for Inclusion and Non-Discrimination

Sample Anti-Discrimination Policy for Clients:

[PROGRAM NAME] is committed to providing the best possible services to all violence survivors regardless of actual or perceived race, sexual orientation, gender, gender identity or expression, religion, national origin, age, and disability, as well as to others from diverse backgrounds. All survivors receiving services at [ORGANIZATION] shall receive fair and equal treatment, without bias, and shall be treated in a professional manner.

I understand that [AGENCY] welcomes and serves all survivors of violence who access services, including lesbian, gay, bisexual, and transgender individuals, and those of other genders, sexual orientations, cultures, and religions. I have a responsibility to be respectful of the other program participants and staff and I have the right to be treated respectfully. I understand that any oppressive or abusive language or actions from staff or residents are not acceptable. If I have questions about this policy, I can ask a staff member to explain it to me.

Signed _____

Date _____

Transgender Identification and Support Policies

For Employees

[ORGANIZATION] recognizes that transgender employees may face additional challenges in the workplace. Affirming our commitment to an inclusive environment, embracing of the diversity of our staff, [ORGANIZATION] seeks to ensure that employees who are currently transitioning or who have already undergone gender transitions are treated in an equal and respectful manner.

Transgender employees are encouraged to dress consistently with their gender identity and should be addressed with the pronouns relevant to the gender with which they identify. Additionally, as [ORGANIZATION] respects all employees' right to privacy, transgender employees shall not be subject to unwanted questions regarding their status, medical history, or sexual orientation.

For Service Users

As part of its commitment to provide services to those in need without discrimination or harassment, [ORGANIZATION] promotes an environment that is accepting and encouraging to transgender service users. Service users identifying as transgender shall receive support and accommodation from [ORGANIZATION] in determining their needs. Pronouns used and clothing provided shall reflect the gender with which the survivor identifies, and confidentiality shall be respected in regards to disclosures concerning transgender status, medical history and sexual orientation.

(FVPSA Model LGBTQ Anti-harassment Policies, LA Gay & Lesbian Center; Virginia Anti-Violence Project Model Policies; The Network/La Red)

Model Policy on 24-Hour Access to Staff

Tennessee Family Violence Shelter Standards

0620-3-6-.04 Minimum Standards for Family Violence Shelters

(3)(b) A shelter program must have a written policy which establishes 24 hour immediate access to staff or trained volunteers. This access may include an individual on the premises or on-call. This access must be available to residents in shelters, safe homes, or commercial lodging. This policy must be made available to all residents.

Shelter Client Policy- 24 Hour Access to Staff

All clients of [ORGANIZATION] may speak to a staff member at any time. Staff members are available in person in [ORGANIZATION]'s shelter during [HOURS] as well as in our main office during [HOURS], you may reach the office during these hours at [PHONE NUMBER]. [ORGANIZATION] also maintains a 24 hour hotline where clients may reach one of our staff at any time of day or night. The number for the hotline is [NUMBER].

Model Policies on Eligibility of Services

Definitions:

Client Program Completion – When a client has ‘completed’ or ‘graduated from’ an advocacy program. This may take days, weeks, or months, and is a survivor led process that will look different for each client. Completion may include finding long-term safe housing, completion of criminal justice procedures, or any other milestone that a client determines as an end to their need for shelter and/or supportive services.

Client Requested Re-housing – When, during the course of receiving services, a client determines or agrees that they would be better served by moving to another shelter or advocacy program. The reasons for this may be related to safety and security, job opportunities, the location of family and other resources, or simply seeking an agency that better fits their needs.

Client Initiated Departure – When the client has reached the initial minimum time limit within a shelter program, and it is determined through an impartial review of the client’s time in shelter that they have chosen not to take steps to meet the goals that they identified through the needs assessment process with an advocate; therefore a time extension will not be granted.

Involuntary Termination – When a client has knowingly and deliberately compromised the safety of the shelter program- such as through violence, threats of violence, or bringing a weapon into shelter; or when a client places other residents in danger through a breach of their confidentiality.

To receive shelter services, an individual (victim) must:

A) Customarily reside in a household with the perpetrator. This means the place where, in the settled routine of an individual's life, they regularly or normally live is shared with their abuser.

OR

B) Be a victim of sexual assault, violence or harassment, including stalking, where the client’s customary residence has been made unsafe for them to continue living.

Note that having temporarily fled abuse into homelessness or temporarily staying with a loved one to flee abuse does not alter the client’s customary residence. Customary residence changes upon receipt of long-term safe housing. This means they are still eligible for shelter services.

Shelter clients should be individuals who have had their welfare put at risk by a perpetrator, OR who can state that they have experienced some form of domestic abuse at the hands of their partner or a family member. This includes physical, sexual, emotional, verbal, financial, and other forms of abuse including threats of violence.

If a potential client does not know if they have experienced domestic violence advocates should walk them through what domestic violence is and examples of types of domestic violence. For examples, see the *Power and Control Wheel* on page 182.

Individuals are eligible for services if they meet the above requirements and are adults eighteen years of age or older, or are emancipated minors, or are minor children or dependents of the eligible individual.

These services are provided regardless of race, color, religion, sex, age, perceived or actual sexual orientation, gender identity or gender expression, marital status, national origin, or disability.
(Adapted from *Tennessee Family Violence Shelter Standards*)

Lethality Assessments.

Lethality Assessments are tools used in the assessment or evaluation **of a victim's level of risk of violence or death.** Lethality Assessments can be a useful tool in helping clients to understand their risk, and as a safety planning tool. However, they should not be the sole criteria for determining eligibility of shelter services.

Many law enforcement agencies and domestic violence shelters across Tennessee are partnering to implement the Maryland Model Lethality Assessment Program (LAP) for First Responders. This is an excellent tool to both help law enforcement agencies better assess the potential danger posed to a victim

You can learn more about the Maryland Model LAP here-

http://mnadv.org/mnadvWeb/wp-content/uploads/2011/10/LAP_Info_Packet--as_of_12-8-10.pdf

in a domestic violence situation, and to foster greater collaboration between law enforcement and the shelters which serve their communities. All efforts should be made to shelter victims referred from law enforcement who have scored high on the LAP, due to the seriousness of the potential danger they face. **However, this particular tool is designed to be used by law**

enforcement to assess victims and should never be used as a tool for shelters to 'screen out' clients who do not score 'high enough' on the LAP.

Screening In.

In the past, many shelters created arbitrary criteria in an effort to establish a metric for determining which clients are most worthy of shelter services. Those who did not meet these criteria were screened out of services, leaving many vulnerable victims without safe housing and advocacy because they did not meet the agency's definition of a victim.

Studies of trauma tell us that many survivors of domestic and sexual violence do not act in stereotypically 'victimized' manners; they may be calm or even jovial, and their narratives of the abuse are often non-linear. Research has long shown that domestic and sexual violence are vastly under-reported crimes, so relying on a referral from law enforcement or a police report to determine eligibility is detrimental to many thousands of survivors seeking services each year.

Survivors may not identify themselves as being 'in fear of', 'in danger from', or 'abused by' their perpetrator despite the fact that outside observers might easily identify their situation as one of power and control. Many victims of intimate partner violence have very complex emotions about their partner, including love. Some survivors have a very difficult time believing that a loved one might kill them, despite experiencing violence in the past. Labeling what they have experienced as 'abuse' is also

difficult for many survivors, particularly those raised in households or communities where violence was normalized or treated as private, or for male victims who were socialized to believe that men cannot be 'abused'. Survivors may have also grown 'numb' to the fear of violence over time, so criteria that include questions about 'fear' are often screening out survivors who truly need shelter services.

Shelters should use the guidelines provided within the eligibility requirements above to screen clients into shelter, with the understanding that people who have experienced these types of violence have many ways of naming and expressing their experiences. Helping clients to understand the different ways that power, control, and violence manifest in relationships allows agencies to be more successful in providing services to survivors of all forms of domestic violence.

A tool for screening and assessment can be found on page 50.



Client Requested Re-housing- Referring Between Shelters.

You may need to refer a survivor to a different shelter for any number of reasons, including lack of bed space, concerns about survivor safety or confidentiality, the survivor's wish to relocate for safety, job, or to be closer to family, or even to simply find an agency that better fits their needs. Advocates should make every effort to locate an alternate shelter for these survivors, rather than simply passing along a list of phone numbers to survivors.

- Identify other shelters in your service area or in the area the client wants to relocate to.
- Contact the shelter office or hotline and identify yourself as an advocate working with your agency.
- If you do not have a release of information you can still share some information with the agency to determine a fit, such as 'Female client with three children ages 5, 7, and 11' or 'Male client who needs wheel chair accessibility', without compromising their confidentiality.
- If possible call with the survivor in the room or on the line. For example:
 - This is Mary, an Advocate with Shelter. I am trying to help a survivor find space in another shelter because we are full/we have concerns about the survivor's safety if s/he stays in the area/etc.
 - The survivor is a woman with 2 children ages 2 and 4
 - Do you have any space available for her starting tonight?
 - Wonderful! I have the client on the line/in the room, I am going to let you speak with her.
- The shelter you are referring to may ask to speak privately with the client, advocates should always facilitate these private conversations to the extent possible.

If another agency is contacting you seeking shelter or services for a survivor, you should:

- Take their request in good faith; remember that we are all trying to help. Never assume that a shelter is trying to 'pass along a bad client'.
- Cooperate with the advocate who is calling as much as possible. If you do not have space available let them know, if space is available ask to speak with the client, or arrange for the client to call you as soon as possible.

If a client is involuntarily terminated from shelter due to issues of safety, security, or violence in shelter, advocates are under no obligation to secure alternative domestic violence shelter housing, particularly if these same safety concerns would continue in the new shelter location. Advocates should offer these clients a resource list, including homelessness resources, and other holistic community resources.

Power & Control Wheel



Model Policy on Assessment & Planning

An assessment should be completed as soon as possible after intake (which should be completed within 48-72 hours after entrance into shelter). This assessment can inform the supports a client will need for their continued safety, help advocates to more comprehensively safety plan with the client, and help clients name their goals and achieve the goals they set during their time working with [ORGANIZATION].

Advocates should meet with the client to create a service plan and safety plan within two days of completing the needs assessment.

Advocates should meet with clients to review the assessment and service plan weekly, or as often as the client requests. Ideally, these documents should be reviewed any time significant change occurs in the client's circumstances. Safety plans should also be reviewed periodically, and should always be updated to reflect changed in the client's life and circumstances.

Assessment

The following categories should be covered through dialogue with a survivor, which can facilitate identification of risk factors and needs. Some issues are of greater immediate priority (for example, safety of survivors and children, child custody issues, contact with perpetrator). Other issues may be left until later meetings with the advocate, if it is more appropriate or if the client is uncomfortable.

Safety

- Actual and potential contact with the abuser?
- Safety at home/shelter- does the client feel safe? What could improve the client's safety?
- Safety outside the home- work, school, shopping, doctor's appointments, etc.
 - What steps has the client taken, what steps can they still take? (changing routes and schedules, informing trusted allies of the situation)
- Technology safety- what steps has the client taken? What steps can they still take?

Access to Support Systems

- Does the client have any contact with friends and family? Are they safe or unsafe to confide in?
- Are there individuals the client was isolated from by the abuser that they would like to reach back out to?
- Are there other contacts or allies that the client can reach out to? (neighbors, colleagues, faith communities)
- Does the client have any concerns about loneliness/lack of support or contact with peers?
- Are there support groups and/or interest groups available where the client could seek contact and interaction of peers?

Physical Health

- Does the client have medical insurance?

- Does the client have regular contact with medical professionals? (obgyn, specialist, etc.)When was the last time they had a routine physical?
- Does the client have any injuries related to the abuse that they need attention for?
- Does the client have any other ongoing health concerns?
- Does the client have needs arising from a disability or other chronic illness?
- Other physical health concerns?

Mental and Emotional Health

- Is the client experiencing depression, anxiety, disturbed sleep, self-harming behavior, or suicidal thoughts?
- Does the client wish to speak to a counselor or therapist to talk about their experiences?
- How do they cope with stress day-to-day?
- Some survivors of abuse use alcohol or drugs to help with pain, depression, stress or anxiety. This is a coping skill that has helped them survive, and survivors will not be judged, blamed, or denied services if they have used these coping skills. Is this something the client has used or experienced? Would they like referrals or support related to substance use?
- Are there other emotional or mental health concerns they would like to address?

Housing

- Does the client have any current housing on which they are listed on the lease or housing contract?
- Do they have other long term issues, such as owed rent or utilities, which could prevent them from leasing in the future?
- What type of housing options is the client interested in? How many people would be living with them, is there a location they have in mind?
- How can they apply for housing assistance?

Legal Issues

- Has the client filed a police report, or do they want to?
- What is the current status of any criminal charges?
- Has the client filed an order of protection or do they want to?
- Does the client have an attorney?
- Does the client need assistance with divorce or child custody? Is there a custody agreement in place?
- Does the client need assistance with immigration issues?
- Are there other legal issues the client has concerns about?

Financial

- Does the client have any current income?
- Do they have a banking account separate from the abuser, or are they sharing an account with the abuser?
- Do they need a banking account?
- Do they need help planning a budget?
- Do they need dept counseling?

- Do they need help applying for social assistance like welfare or disability?
- Are there other financial concerns the client has?

Children

- Does the client have or need to set up child custody or contact arrangements?
- Does the client have any concerns about the child's safety?
- Has the client made reports to DCS or do they need to?
- Do they have concerns about the child's physical or emotional health?
- Educational needs?
- Behavioral issues?
- Does the client need parenting support or classes?
- Does the client need support with non-violent discipline?
- Do they have other needs or concerns related to the client?

Employment, Education, & Training

- Is the client currently employed or going to school? Do they want to be?
- Has their work or school been informed of the situation? Are there safety measures in place?
- Are there problems related to the abuse (need for time off, missing deadlines/tests, etc)
- Is the client interested in occupational training, job skills, help creating a resume, or working with a temp agency?
- Are there other work or study needs?

Interests

- Does the client have any particular hobbies or interests they enjoy or would like to explore?
- Are there barriers to pursuing these interests? (money, travel, time)
- Other issues or desires related to hobbies and interests?

Are there other issues or concerns the client has about their goals, future, or shelter life?

Sample Service & Goal Plan

_____ Name _____'s Top Concerns from Needs Assessment

_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
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Long Term Goals (Based on Concerns)

Steps to Take (Short Term Goals)	Complete by Date	Done By
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate



Steps to Take (Short Term Goals)	Complete by Date	Done By
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate



Steps to Take (Short Term Goals)	Complete by Date	Done By
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate
		<input type="checkbox"/> Me <input type="checkbox"/> Advocate

My advocate and I will meet twice a week weekly as needed to work on my goal plan.

The Main Things I need from my advocate and the shelter are:

Model Explanation of Services

The *Tennessee Rules Of Department Of Finance And Administration Chapter 0620-3-6 Family Violence Shelter Standards*, under section 0620-3-6-.07 Program Administration, requires each program to have written rules, regulations and statement of rights which are given to shelter residents and made available to non-residents as appropriate as part of the intake process. These should include an explanation of services available.

While each agency across Tennessee offers slightly different services, and offers those services in ways that are unique to their communities, the Family Violence Shelter Standards identify eight core services that must be provided for survivor in a program that receives state or federal funding. These requirements are echoed in the Family Violence Prevention Services Act (FVPSA) that identifies those same core services and adds a ninth service to this core components list.

These required core services are a good place to start when organizations begin to construct their Explanation of Services Form.

What follows is a list of those nine core components as well as a brief description of each, which can serve as a basis for agencies to create their own document. You will find clarification guidance about these core services in the Family Violence Shelter Standards under section 0620-3-6-.05 *Minimum Requirements for Shelter Services* as well as the Tennessee Office of Criminal Justice Program Grants Manual in the *Funding Source Chapter FVPSA*.

Explanation of Services

Safe Confidential Shelter

[ORGANIZATION] maintains a shelter facility to provide safe, temporary housing to victims of domestic violence. [ORGANIZATION] has policies and procedures in place to maintain the confidentiality of the shelter's location and to the best of our ability maintain a location where residents are safe from violence.

24 Hour Crisis Hotline

[ORGANIZATION] maintains a 24 hour hotline to allow survivors and clients to speak to an [ORGANIZATION] staff member and access referrals at any time. The phone number for this hotline is [NUMBER].

Counseling

[ORGANIZATION] offers the following counseling services-

- crisis intervention
- support counseling
- information sharing on domestic violence dynamics and other related issues
- individual planning to include assessment, goal and resource development, and evaluation
- safety planning

[ORGANIZATION] clients are welcome to speak to an advocate at any time about receiving one of more of these services. These services are not related to therapy as provided through a mental health provider. Clients who are interested in therapy in addition to counseling as part of their plan of service can speak to an advocate to be referred to mental health services within the community

Advocacy

[ORGANIZATION] offers a variety of advocacy services including referrals to community resources, facilitating client's access to [ORGANIZATION] services, providing accompaniment and support to court, medical, law enforcement, and legal appointments related to the violence they have experienced, and assisting clients with goals including housing and employment. Clients as well as their children and dependents may access these services at any time.

Transportation

“This service may be provided by the most appropriate means for the area. Transportation arrangements may be provided by staff or volunteers in personal vehicles, commercial vehicles such as bus or cab, by local law enforcement officials, or by human service agency representatives. The client is encouraged to provide or arrange for transportation service when possible.” Via *Tennessee Family Violence Shelter Standards*

Community Education

[ORGANIZATION] provides public awareness resources, speakers, and community training focused on informing the community of the services available through [ORGANIZATION] and educating the community on the issues of family violence.

Referral

[ORGANIZATION] staff are available to provide referrals to community resources that may offer important assistance or services to survivors, including medical, legal, educational, housing, mental health, employment, rehabilitation, and childcare organizations.

Follow-Up

“Follow-up service is specifically designed for individuals who have been residents of a shelter, safe home or commercial lodging. Follow-up services may include any of the core services to assist in stabilizing the victim's circumstances. Continued involvement of the program, type of follow-up service, and length of time available shall be determined by the client whenever possible or appropriate.” Via *Tennessee Family Violence Shelter Standards*

Specialized Services to Children and to Underserved Populations

“Accessibility is a broad requirement that warrants consideration in many situations, including, but not limited to, sheltering adolescents with their abused parent or guardian and offering all core services; offering shelter and all core services to victims irrespective of citizenship or limited English; accommodating victims with

disabilities whether mental or physical, and creating a welcoming environment for LGBTQ victims.”
Tennessee Office of Criminal Justice Program Grants Manual, *Funding Source Chapter FVPSA*

Resources:

Tennessee Family Violence Shelter Standards- <http://publications.tnsosfiles.com/rules/0620/0620-03/0620-03-06.pdf>

Tennessee Office of Criminal Justice Program Grants Manual, Funding Source Chapter FVPSA-
<https://www.tn.gov/finance/office-of-criminal-justice-programs/ocjp/ocjp-grants-manual/redirect-fund-source-chapters/fund-source-chapters/fvpsa.html>

Rights & Responsibilities

Including a statement of rights and responsibilities in your agency's shelter intake packet can be helpful in clarifying a client's expectations and setting a positive tone for communal living. Many survivors enter shelter without knowing what to expect out of shelter living and what is expected of them, or having a very skewed perception of shelter life based on negative stereotypes. Advocates can help to dispel these stereotypes and ease clients' uncertainty by being open and honest about both the challenges of shelter living and those behaviors that make communal living easier.

Clarifying our expectations of clients' behaviors in an open and straightforward way, while also reminding clients that they have the right to expect to be treated with respect and dignity, is an important step in equipping survivors to navigate shelter life. This type of open and clear communication also cultivates a positive emotional and social environment within the shelter, and between residents and staff.

Creating a culture within shelter where clients have the right to receive respect and non-violence gives survivors the opportunity to embrace these rights in every facet of their lives, and empowers them to speak out when they are experiencing violence, disrespect, and discrimination. Clarifying resident rights and responsibilities upfront also gives advocates an opening to have difficult conversations with residents when any number of conflicts arise from communal living. Rights and responsibilities are not a 'three strikes' system used to exit clients from shelter (as prohibitive lists of 'Shelter Rules' have been in the past) but rather a way to encourage respect, conversation, empowerment, and cooperation.

Sample Statement of Rights and Responsibilities for Shelter Living

You have the right to be treated with respect and dignity by staff, volunteers and other shelter residents. You have the responsibility to grant that same respect to other residents and staff.

You have the right to receive all [ORGANIZATION] services for which you are eligible; this includes goal planning and advocacy services.

You have the right to receive timely accommodations to reasonable requests made to [ORGANIZATION] staff regarding your physical and emotional safety, privacy, access to services, and mobility.

You have the right to receive referrals to useful community resources and other victim's services programs as needed, even if you are not residing in shelter or actively participating in services offered by [ORGANIZATION].

If you do not feel that [ORGANIZATION]'s shelter or other services are a good fit for you, you have the right to be referred to other programs which may be more appropriate to your needs.

You have the right to an environment that is safe, accessible, and free from abuse, violence, weapons, and illegal activity.

You have a right to be treated in an ethical manner, and to be free from discrimination on the basis of national origin, religion, race, color, gender identity, disability status, or sexual orientation by everyone who lives and works here, just as you have the responsibility not to discriminate against others.

You have the right to access [ORGANIZATION]'s Grievance Procedure at any time if you feel that you have experienced abuse or discrimination at the hands of [ORGANIZATION]'s staff or volunteers.

You have the right to self-determination. We are here to support you in making your own decisions. You have the right to manage your finances and set your own goals while you stay here.

Each family has the right to safety and privacy. Families also have the right to establish schedules that allow each member adequate rest, peaceful time, and time to complete schoolwork and family obligations. You have the responsibility to respect the comfort and peace of other residents.

Every resident has the right to a clean and physically safe environment. You have a responsibility to maintain your rooms in a manner that is sanitary, safe, and considerate of future residents. All of us together, including staff, have a responsibility to care for common areas of the shelter so that all residents have a safe and healthy physical environment.

The Shelter Program *may* ask you to leave if any of the following occur:

1. Violence or threats of violence towards staff or other residents.
2. Bringing alcohol or illegal drugs into the shelter.
3. Breaking another resident's confidentiality.
4. Bringing your abuser to the shelter.

If you are having trouble with the other responsibilities that relate to communal living, staff will work with you individually and in house-meetings to create a plan that works for you and facilitates harmonious group living.

For more examples, see *Model Rights and Responsibilities from the Washington State Coalition against Domestic Violence* <https://wscadv.org/wp-content/uploads/2015/06/Model-Rights-and-Responsibilities-for-Shelter-Residents.pdf>

Model Length of Stay, Exit, & Termination Policies

Length of Stay and Extension Policy

The average stay at our shelter is 45 days.

This doesn't mean that after 45 days you are on your own.

At your first advocacy or goal planning session, you will be given an exit date 45 days from your entrance into shelter. This date is not set in stone, and can be extended based on your situation. When your exit date is approaching, a shelter advocate will ask you to write a few sentences about why you would like a longer stay. Then our shelter advocates will review your case together, they will give you a notice of whether your stay is extended at least 7 days before your exit date. Each extension is for three weeks (21 days), and extensions are not limited in any way.

Extensions are made on a case-by-case basis and your communication with us is vital!

While we understand circumstances in which clients may want or need to leave shelter for a few days, if you leave shelter for more than a 48-hour period and have no contact with the staff, your bed will be given up. [ORGANIZATION] cannot hold your bed, unless we have communication with you.

Process for Re-entry to Program

If you voluntarily exit the shelter program for any reason, including choosing not to extend your time, securing alternative housing, or even returning to your partner, you are welcome to return to the shelter at any time as long as-

1. You still meet shelter criteria
2. We have open space available (if space is not available, we will do our best to help you find a different shelter)

If you do re-enter shelter after ceasing all [ORGANIZATION] services, you will have to re-complete the intake process and associated paperwork.

You will not be welcome to return to [ORGANIZATION]'s shelter if:

1. You no longer meet the criteria for shelter (if this is the case, staff will still provide you resources for and referrals to appropriate agencies)
2. You have been terminated from the shelter involuntarily, such as for breaking one of the following rules:
 - a. Bringing a weapon into shelter
 - b. Committing a violent act in shelter
 - c. Compromising confidentiality
 - d. Using illegal drugs or alcohol on shelter property

Sample Reasons and Process for Denial or Termination from Program

It is the policy of [ORGANIZATION] to provide comprehensive services to all victims of domestic violence. However, there may be times when it is appropriate to deny or terminate services. These procedures shall be a last resort after all other methods for service inclusion have failed, or when the safety or health of another client or staff has been compromised.

Procedures

- 1.** A denial of services occurs when the individual requesting program services is found to be inappropriate for services and therefore denied.
 - a.** Denial of service must only be based upon no presence of domestic violence or sexual assault issues in the individual's life, a clear and present violation of the safety of [ORGANIZATION] clients, facility and/or staff, or a breach of confidentiality.

- 2.** Involuntary termination of services occurs when [ORGANIZATION] discontinues current services to a client without their agreement.
 - a.** Involuntary termination of services must only be based up a violation of the safety of [ORGANIZATION] clients, facility, and/or staff or a breach of confidentiality.
 - b.** The individual shall receive, in writing and verbally, the decision, reason for termination, and their right to and process of appeal. *See Grievance Procedure.*
 - c.** The knowledge and approval of the Executive Director shall be required for all involuntary terminations.

- 3.** Denial or involuntary termination of services will not be based on an individual's race, age, sex, gender identity, ethnicity, national origin, marital status, sexual orientation, disability, or religion.

- 4.** [ORGANIZATION] staff member shall attempt to provide alternative referrals to individuals who have been denied or terminated from services. Additionally, individuals should receive, in writing, all services available to facilitate the termination process.

Model Client Grievance Procedures

[ORGANIZATION] Client Grievance Procedure

You have the right to be heard.

We encourage residents to deal with conflicts directly with the people involved whenever possible. If you need help to resolve a conflict, staff is available to problem solve or mediate.

We want you to feel comfortable, have a quality service experience, and have your concerns heard. It is your responsibility to let the program manager know if you are having a conflict with a staff member, or if an issue arises with the services you are receiving at [ORGANIZATION]. If the problem is not resolved by speaking to the program manager, if you are not satisfied with the program manager's response, or if you do not feel comfortable speaking to the program manager, you may speak with our Executive Director.

If you are still not satisfied you may file a complaint (grievance).

If you feel you have been discriminated against or treated unfairly because of age, race, color, national origin, ethnicity, religious belief, physical or mental disability, gender, sexual orientation, or income level, or you are dissatisfied with any service you have received, you have the right to file a grievance. If the matter cannot be resolved by communicating with a trusted advocate or the program manager you may file a written complaint with the Executive Director. A written complaint is simply a written description of the issue you are experiencing, signed and dated by you. The Executive Director will respond to your complaint within 24 hours.

If a satisfactory resolution is not reached through the Executive Director, you may present the problem in writing to the Executive Committee of the Board of Directors, who will respond to the complaint in writing within 24 hours.

If you are not satisfied with the response of the Executive Committee, you may present a written complaint to the full Board of Directors who will either reject or affirm the decision of the Executive Committee in writing within 24 hours.

A copy of your complaint and all information relating to it, including supporting documents and any appeals, will be kept in your file. You will be given a clear explanation of any decisions related to your grievance in writing, including any action to be taken by [ORGANIZATION] staff.

Decisions as to the resolution of all grievances will be made based on [ORGANIZATION]'s written policies and procedures as well as state and federal law as it relates to shelter service requirements.

An advocate has explained the grievance process to me, and I understand the process.

Name: _____ Date: _____

Signature: _____

Staff Signature: _____

Model Policy and Procedure for Staff Regarding Client Grievances

Grievance Procedure

Purpose: To inform staff about the requirements and process for clients to file a grievance.

Additional Authority: Violence Against Women Act, Family Violence Prevention Services Act, Tennessee Family Violence Shelter Standards

Responsible Party: [ORGANIZATION] Executive Director

Signature of Executive Director: _____

Policy

1. It is the policy of [ORGANIZATION] that every client has the right to file a complaint if they feel that they have not been treated fairly or if suspect they have been discriminated against.

Procedure

1. At the initial contact with any client of [ORGANIZATION], the staff is to inform the client of our grievance procedure and the process for handling complaints.
 - a. If they feel they have been discriminated against or treated unfairly because of age, race, color, national origin, ethnicity, religious belief, physical or mental disability, gender, sexual orientation or income level, they have the right to file a grievance.
 - b. If they feel they have been discriminated against or are dissatisfied with any services of [ORGANIZATION], we encourage them to first discuss the matter with their advocate or the program/shelter manager. If the problem cannot be resolved, they may file a written complaint with the Executive Director.
 - c. The Executive Director will acknowledge the complaint within 24 hours.
 - d. If resolution is not reached through the Executive Director, the client may present the complaint to the Executive Committee of the Board of Directors who will respond to the complaint in writing within 24 hours.
 - e. If the client is not satisfied with the response of the Executive Committee they may present a written complaint to the full board that will either affirm or reject the decision of the Executive Committee within 24 hours.
 - f. A copy of all complaints and all information relating to it will be kept in the client's file. The client will be given a clear explanation of program policies and procedures relating to the action or lack of action regarding the complaint.
 - g. A copy of the complaint and all information relating to it, including supporting documents and any appeals, will be kept in the client's file. The client will be given a clear explanation of any decisions related to the grievance in writing, including any action to be taken by [ORGANIZATION] staff.
 - a. Decisions as to the resolution of all grievances will be made based on [ORGANIZATION]'s written policies and procedures as well as state and federal law as it relates to shelter service requirements.
2. A copy of the Client Grievance Procedure must be signed by each client stating that the procedure has been explained to them, and kept as part of their client file.

Model Policies on Safety, Security, and Medical Needs

Tornado Plan

In the event of a tornado, head to [DOWNSTAIRS OR BASEMENT AREA WITH NO WINDOWS] until all clear is given by an advocate. Please review the tornado plan posted in all rooms of the shelter.

Fire Plan

In the event of a fire, please use the nearest fire exit, following the illuminated exit signs, and head to [MEETING PLACE AWAY FROM THE BUILDING]. Once you are out of the shelter, please do not reenter for any reason. Please review the fire plan and all fire exits located in all rooms of the shelter.

Security of Personal Items

[ORGANIZATION] provides a “locked space” (locked box, locker, or locking cabinet) to each adult resident for the storage of medications and valuables. Each resident will be solely responsible for accessing their locked space; staff will never open or search this space while you are staying in shelter. [ORGANIZATION] requires all medications to be stored in this locked space unless accommodations have been agreed upon with staff.

[ORGANIZATION] urges residents to store any valuables in this locked space; [ORGANIZATION] is not responsible for any lost or stolen items. Should you leave behind any personal items when you exit shelter [ORGANIZATION] will hold these items for a maximum of ten (10) days in order to give you time to retrieve your items before they are disposed of.

If you have any questions about this policy or your locked space please see a staff member.

Policy on Routine Medical Needs in Shelter

[ORGANIZATION] will work with shelter residents to arrange or secure transportation to doctor’s offices for medical appointments, and advocates will work with residents on securing needed medical treatment and referring to medical resources in the community.

For routine medical needs, some over the counter medications are available to clients. A small supply of Tylenol, aspirin and Children’s Tylenol will be in [LOCATION OUT OF REACH OF CHILDREN], secured with a childproof lock.

Shelter First Aid Supplies

A first aid kit is available for resident use. It is located in [LOCATION OUT OF REACH OF CHILDREN]. It contains basic first aid and emergency supplies.

Medical Emergencies

If you have a medical emergency and you need immediate help, you can call 911 or have an advocate call 911 for you.

If there is a medical emergency where an ambulance needs to be called on your behalf [ORGANIZATION] will attempt to protect your confidentiality to the extent possible. If you are conscious when the ambulance is called [ORGANIZATION] will defer to you to make any and all disclosures of need to the emergency personnel who respond.

If you are unconscious or unable to provide information to the medical personnel [ORGANIZATION] staff will only share information related to your immediate medical condition.

Model Shelter Policy on Medications

Adapted from the National Center on Domestic Violence, Trauma, and Mental Health Model Medication Policy for DV Shelters, 2011

Purpose

[ORGANIZATION] is committed to providing a safe, accessible, and trauma-informed environment for survivors of domestic violence and their children. In addition, the shelter acknowledges its ethical and legal obligations to serve survivors of domestic violence and their children without regard to disability status. To these ends, the shelter has adopted this medication policy. All staff and volunteers will receive training on and copies of this policy. Staff and volunteers are responsible for complying with the policy and for seeking guidance from a supervisor if they have any questions or concerns about the policy.

Authorized Official: [ORGANIZATION EXECUTIVE DIRECTOR]

Signature of Executive Director: _____

Policies

Advocacy Policy

1. Staff and volunteers will not ask questions about survivors' or their children's mental health status, disability, or use of medications as part of the screening process.
2. Staff and volunteers will provide every survivor who is residing at the shelter with a copy of this medication policy and/or an explanation of the policy.
3. Staff and volunteers will offer every survivor information and advocacy related to mental health, disability, and medications.
 - a. At this shelter, we don't judge people or refuse services to people based on their mental health status.
 - b. This is a safe space to talk about any mental health needs survivors might have.
 - c. When people come to shelter, they sometimes have to leave important medications behind. If clients need help getting medications that they left behind, advocates will try to help.
4. Staff and volunteers will not make assumptions about the mental health status, disability, or use of medications by survivors or their children; instead, staff and volunteers will offer the same information and advocacy related to mental health, disability, and medications to every survivor.

Model Policy on the Storage and Dispensation of Medications

1. The shelter seeks to afford shelter residents with the greatest possible privacy and autonomy, while also providing a safe shelter environment.
 - a. Staff and volunteers will not store or dispense medication or monitor how survivors access medications.
 - b. The shelter will provide every survivor with an individual locking box, locker, or locking cabinet (“locked space”) for storage of medications and valuables.
 - i. The Shelter will ensure locked spaces are mounted to the wall or bolted to the floor so they cannot be removed or stolen.
 - c. The shelter will not limit or monitor the survivor’s access to their locked space, such as by holding the key in the shelter office.
 - d. If a survivor indicates that they need access to refrigerated storage space, the shelter will provide refrigerated storage space in the manner that provides the greatest possible privacy and autonomy.

2. During a survivor’s stay at shelter, staff and volunteers will ask them to make sure that any medications they have are safety secured.
 - a. The shelter will ask every survivor to sign an agreement that she will store any medications in her individual locking box, locker, or locking cabinet provided, or if it is one requiring refrigeration, as otherwise provided.
 - b. The agreement will provide that survivors who have medications that must be taken in the event of a medical emergency may carry them on their person (e.g., in a fanny pack).
 - c. In the event that the survivor has concerns about signing the agreement, staff or volunteers will ask the survivor if an accommodation or change to the policy would allow them to comply. If the staff or volunteer and the survivor cannot find a reasonable accommodation to the policy and non-compliance poses a direct threat to the safety of the survivor or to others, the survivor may be asked to leave shelter.
 - i. A survivor will not be asked to leave shelter unless (1) their behavior or inability to follow this medication rule or policy poses a direct threat to themselves or other people, (2) there is no reasonable accommodation that would eliminate the direct threat, and (3) all possible and appropriate referrals are made to ensure the safety and well-being of the survivor and others.

3. Staff and volunteers will not provide advice about medications unless they are authorized by law and the shelter to do so.

Sample Shelter Resident Medication Safety Agreement

Welcome to [ORGANIZATION] shelter. We are committed to providing you with the greatest possible privacy and autonomy during your shelter stay, while also providing a safe shelter environment for everyone.

We recognize that you or your children may have medications with you. If so, you must keep them secured during your stay. We will provide you with an individual locking box, locker, or locking cabinet (“locked space”) for storage of these medications. You are responsible for making sure that any medications belonging to you or your children are safety secured in this locking space at all times. You may also use the locked space to store other belongings.

If you have medications that must be taken in the event of a medical emergency, you may carry them on your person (e.g., in a fanny pack). You are responsible for keeping these medications out of the reach of children at all times.

If you have any questions or concerns about this policy, or if you need a change or accommodation to this policy, please alert a staff member before signing. We would be happy to work with you to find a reasonable accommodation

A staff member has discussed this agreement and the shelter medication policy with me. I understand and agree to this policy.

Name

Signature

Date

Staff Signature

The medication policies above were adapted from the National Center on Domestic Violence, Trauma, and Mental Health’s *Model medication policy for DV Shelters* that can be viewed here- <http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Model-Medication-Policy-for-DV-Shelters.pdf>

Model Shelter Policy- Suicide Risk

Adapted from the National Suicide Prevention Helpline Imminent Risk Policy, 2012

Suicide- Imminent Risk Policy

Purpose- This policy shall direct [ORGANIZATION] staff to initiate measures necessary to secure the safety of residents determined to be attempting suicide or at Imminent Risk of suicide.



Definitions of Key Terms-

Imminent Risk: A client is determined to be at imminent risk of suicide if [ORGANIZATION] staff believe, based on information gathered from the person at risk, that there is an obligation of staff to take urgent actions to reduce the client's risk. In other words, if no actions are taken, the staff believe that the client is likely to seriously harm or kill themselves. Imminent Risk may be determined if an individual states (or is reported to have stated by a person believed to be a reliable informant) both a desire and intent to die and has the capability of carrying through their intent.

Active Engagement: : Intentional behaviors undertaken by staff to effectively build empathy and connection with a client at Imminent Risk, encouraging understanding and agreement on actions necessary to reduce Imminent Risk or help client accept medical interventions when the person is in the process of a suicide attempt. Active Engagement is staff behavior that seeks to collaborate with and empower the client to secure their own safety. Active engagement is typically necessary for both a comprehensive, accurate assessment of a client's suicide risk as well as for collaborating on a plan to maintain the client's safety.

Date: _____

Signature of Executive Director: _____

Policy:

1. Staff will practice Active Engagement with clients determined to be at Imminent Risk of suicide, and make efforts to establish a connection in order to create partnership with the client in securing their own safety, whenever possible.
2. For clients at Imminent Risk, but who have not made an active attempt, staff will use the least invasive intervention and consider involuntary emergency interventions as a last resort. As such, Center Staff shall:
 - a. Seek to collaborate with individuals at Imminent Risk.
 - b. Include the individual's wishes, plans, needs, and capacities towards acting on their own behalf when planning interventions.

- c. Establish collaborative relationships with emergency mental health service providers in your community, to be contacted or used as referrals for clients who pose a risk of suicide.
 - d. Be aware of the number and web address of the National Suicide Prevention Helpline, which advocates can guide clients through calling, or even call on a client's behalf (at the request of a client).
 - i. Number- 1-800-273-8255 (offers translation services and TTY)
 - ii. Web Address- <https://suicidepreventionlifeline.org/> (Offers life chat)
3. Initiate life-saving services for all suicide attempts in progress.
- a. Ensure that the individual at risk receives emergency medical care as soon as possible by calling 911.
 - b. Do not rely on mobile crisis units for suicide in progress, call for emergency medical care as with any other medical emergency. See Medical Emergency Policy for guidance.
 - c. While staff should make reasonable efforts to obtain the at-risk individual's consent to receive such services wherever possible, [ORGANIZATION] shall not require that the individual's willingness or ability to provide consent be necessary for staff to initiate medically necessary rescue services.

<http://suicidepreventionlifeline.org/wp-content/uploads/2016/08/Lifeline-Policy-for-Helping-Callers-at-Imminent-Risk-of-Suicide.pdf>

Model Communication & Technology Policies

General Information

You may receive phone calls at [SHELTER PHONE NUMBER], please answer the phone with a simple 'hello', do not share that they have called [ORGANIZATION] shelter. Never give out the shelter's address to callers.

You can receive mail at [SHELTER P.O. BOX] and use that as your current address for any application while in shelter.

Wifi password is: [PASSWORD]

Cell Phones

Cell phones are important tools for work, family, and safety. [ORGANIZATION] will never take away or restrict your cell phone use. Some phone providers and organizations offer 'emergency' phones which are used only to call emergency services such as 911. If you feel that you are in need of one of these 'emergency' phones, your advocate may be able to help.

Internet

We have [NUMBER OF COMPUTERS] available for your use in [LOCATION]. There are shortcuts on the desktop to topics like budgeting, local resources, resume building, and how to use Microsoft word. Please be aware that [ORGANIZATION] shelter often has a large number of residents and only [NUMBER] computer(s), please be respectful of all residents and make sure all those who need to use the computer are able to do so.

Social Media

[ORGANIZATION] understands that social media is an important tool for communication and connection. We never forbid the use of social media but we do ask that you consider some steps to make sure that it is safe for you and all other shelter residents.

1. Before logging in to any social media or apps when you enter shelter or leave your abuser turn off GPS on your phone, this prevents any accidental sharing of your location.
2. GPS technology is now integrated with social media and allows social media sites to pinpoint and transmit a user's exact location. Even a post or comment that is unrelated to shelter may reveal confidential location information. Turn off any location tagging on apps like twitter, facebook, and instagram- you can even use your phone settings to revoke an app's permission to use GPS information. Never tag your location on social media, as abusers can use this information to find you.
3. Change privacy settings on all social media and apps to the most private possible setting.
4. Block all known profiles of your abuser on social media.
5. Turn off location services like 'find a friend' or 'find my iPhone'

6. Turn off 'geotagging' in your phone's camera settings
7. If your cell phone plan includes a family monitoring feature, have that feature shut off if the abuser has ever had access to it.
8. Do not use any phones or tablets if you share your account or data plan with your abuser.
9. Never post images of the outside of the shelter on social media, in order to protect the shelter location.
10. Never post any images of other shelter residents on any social media without their express permission.
11. Change all digital account passwords including email, banking, and social media.
12. If your abuser has had access to your phone, tablet, or computer there is a chance there is spyware on the device, if you suspect that this is the case please let an advocate know so that they can help you.

Resources:

Technology Safety Planning with Survivors, NNEDV Safety Net Project, 2003,
http://www.ncdsv.org/images/NNEDV_TechSafetyPlan_CanadaEnglish_BC_2008.pdf

Assisting Survivors with Personal Privacy Management: Digital Technology and Safety Information Booklet, PCAR, 2012, http://www.ncdsv.org/images/pcadv-pcar_assistingsurvivorswithpersonalprivacymanagement_2012.pdf

