

DVSTOP Checklist

Client Name: Insert Name Client Alias: Insert Alias Name Date:

\*\* Inform client that they will be at the hotel by themselves and staff will visit at least once daily\*\*

Do you smoke cigarettes? Yes [ ]  No [ ]  If “yes” remind them that they can only smoke in designated smoking areas of the hotel and that their children must be with them at all times.

Do you have any pets? Yes [ ]  No [ ]  If “yes” problem solve with them about this if the animal is not a service animal as they can’t bring pets to the hotel or to shelter.

Custody Issues: (Full/Joint custody?)

## DVSTOP Program Rules:

[ ]  Clients must be willing to transition into the first available safe shelter.

[ ]  Stress the importance of confidentiality. There is no contact with the person you are fleeing by

phone or in person. Client must not give out location of hotel to family members, friends, co-workers, etc. Clients should also refrain from calling ANYONE, other than DVS from the hotel room phone.

[ ]  Absolutely no guests at hotel. Only those listed on the screening can be in the program.

[ ]  If the client is currently employed, they must be willing to take time off while in the DVSTOP program.

[ ]  If kids are in school, make sure client is willing to take them out of school while they

 are in the DVSTOP program.

[ ]  No drug or alcohol use while in the program (This includes Medical Marajuana).

[ ]  No charges to the room, including long distance, pay-per-view, video games, or room service.

[ ]  No weapons.

[ ]  Children must be with parent at all times regardless of their age.

# [ ]  You are only allowed 2 bags per adult and 1 bag per child.

# [ ]  You must be willing to remain in the hotel room until you have met with DVS staff and completed the . intake paperwork.

# [ ]  It is important that you refrain from leaving the hotel except in the event of a doctor’s appointment, CPS

#  meeting and/or visit. Short trips to the grocery store are also permissible. Remember, AT ALL TIMES,

 notify DVS via phone before leaving the hotel room and upon your return to the room.

# Basic Needs:

What hygiene/personal items do you need?

Do you need any child care items?

Do you have any food allergies we need to be aware of?       Special diets?

Do you have a personal cell phone we can contact you on while in the motel?

What is your form of Transportation?       (If transportation needed provide the caller with the phone number to COMTRANS 1-800-631-1314)