

Assigned IFH Staff:

Participant #:



**ANTI-VIOLENCE PARTNERSHIP
of Philadelphia**

Together we can end the cycle of violence

IFH Survivor Face Sheet

Date: _____

Identifying Agency: _____

First Name:

Last Name:

Age:

Address:

City: _____

Zip Code: _____

Phone Number:

Okay to send mail? (Y / N)

Okay to leave identifying VM? (Y / N)

Preferred Mode of Communication: ()Call ()Text ()Mail ()Email ()Other

Name of Decedent:

Date of Death:

Relation to Decedent:

Name of Perpetrator: _____

Relation to Perpetrator:

Status of Legal Case:

Preference for Interview Location:

() Home () West/Southwest Office () Hamilton Office () Other

Best Days/Times to Schedule an Interview: _____

Primary Language:

Translation Requested: (Y / N)

Gender: _____ **Pronouns:** _____ **Race:** _____ **Ethnicity:** _____

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Participant #:



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Spiritual/Religious Affiliation: _____

Additional Information and Notes: _____

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