



5016 Deming Rd,
PO Box 157
Deming, WA 98244
Phone (360) 592-5176
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Tl'ils Ta'á'altha Application

Name _____ / ____ / ____
Last Name First Name Middle Initial DOB

Address _____
Street City State Zip Country

Phone _____
Cell Home Work Employer Company Name

Email _____ What is the best way to contact you? _____ Cell _____

Education _____
Highest Year of School Completed

Identification _____ - ____ - ____
ID Type ID Number SSN

Nooksack Enrollment Number

Other Enrollment Number

Marital Status

- ☐ Legally Separated
- ☐ Married (Living with spouse)
- ☐ Married (Not living with spouse)
- ☐ Process of Divorce
- ☐ Single (Living with partner)
- ☐ Single (No partner)
- ☐ Single Parent (No partner)

Ethnicity

- ☐ Alaska Native
- ☐ Asian
- ☐ Hispanic or Latino
- ☐ Multiple Races
- ☐ Native American - Nooksack
- ☐ Native American - Other
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other
- ☐ White Non-Latino or Caucasian

Disability Status

- ☐ Physical disability
- ☐ Developmentally disabled
- ☐ Learning
- ☐ Mental illness
- ☐ Substance abuse (drugs/alcohol)

Other

- ☐ Homeless
- ☐ Veteran
- ☐ LGBTQ or Two-Spirit person
- ☐ Immigration Issues

Abuser

Name _____ / ____ / ____
Last Name First Name Middle Initial DOB

Address _____
Street City State Zip Country

Phone _____
Cell Home Work Email

Identification _____
ID Type ID Number ID State

Employer _____ Employer Address _____

Work Hours _____
Work Days ☐ ☐ ☐ ☐ ☐ ☐ ☐
Mon Tue Wed Thu Fri Sat Sun

Vehicle _____
License Plate Number Make Model Year Color

Description _____
Height Weight Eye Color Hair Color Skin Tone Build

Identifying Marks

Other Court Proceedings _____

Is Abuser receiving TANF, DSHS assistance or food stamps? ☐

If yes date of next appointment _____

Other _____

Other People Involved

Role ☐ Witness ☐ Police Officer ☐ Secondary Victim ☐ Child ☐ Other

Name _____ / ____ / ____
Last Name First Name Middle Initial DOB

Address _____
Street City State Zip Country

Phone _____
Cell Home Gender School

Relationship ☐ Household Member ☐ Emergency Contact ☐ Present During Incident?

Role ☐ Witness ☐ Police Officer ☐ Secondary Victim ☐ Child ☐ Other

Name _____ / ____ / ____
Last Name First Name Middle Initial DOB

Address _____
Street City State Zip Country

Phone _____
Cell Home Gender School

Relationship ☐ Household Member ☐ Emergency Contact ☐ Present During Incident?

Role ☐ Witness ☐ Police Officer ☐ Secondary Victim ☐ Child ☐ Other

Name _____ / ____ / ____
Last Name First Name Middle Initial DOB

Address _____
Street City State Zip Country

Phone _____
Cell Home Gender School

Relationship ☐ Household Member ☐ Emergency Contact ☐ Present During Incident?

Current Victimization

- ☐ Drugs Alcohol Involved
- ☐ Adult Physical Assault
- ☐ Adult Sexual Abuse
- ☐ Child Physical Abuse or Neglect
- ☐ Child Sexual Abuse or Assault
- ☐ Bullying
- ☐ Stalking Harassment
- ☐ Teen Dating Victimization
- ☐ Domestic or Family Violence
- ☐ Elder Abuse or Neglect
- ☐ Identity Theft Fraud Financial Crime
- ☐ Burglary
- ☐ Robbery
- ☐ DUI
- ☐ Other Vehicular
- ☐ Cyber Crimes
- ☐ Gang Violence
- ☐ Kidnapping Non-Custodial
- ☐ Kidnapping Custodial
- ☐ Child Pornography
- ☐ Survivor Homicide Victims
- ☐ Hate Crime
- ☐ Arson
- ☐ Human Trafficking Labor
- ☐ Human Trafficking Sex
- ☐ Terrorism
- ☐ Mass Violence
- ☐ Other (please specify): _____

Victimization History

- ☐ Other past victimization?
- ☐ Drugs or alcohol involved?
- ☐ Other family members victimized?

Types of Prior Victimization

- ☐ Child Abuse
- ☐ Child Sex Abuse
- ☐ Adult Survivor of child sex abuse
- ☐ Domestic Violence
- ☐ Adult Sexual Assault
- ☐ Survivor of Homicide Victim
- ☐ Survivor of DWI
- ☐ Assault and Battery

Effects of Victimization

- ☐ Emergency Room Aid
- ☐ Hospitalization
- ☐ Avoidance/Arousal
- ☐ Permanent Disability
- ☐ Monetary Loss
- ☐ Suicide Attempts
- ☐ Re-Experiencing
- ☐ Sleep Disorders
- ☐ Eating Disorders
- ☐ Alcohol/Drug Problems
- ☐ Child Behavior Problems
- ☐ Fear/Anxiety
- ☐ Depression
- ☐ Loss of money \$_____
- ☐ Other (please specify): _____

Client Acknowledgement

I, _____, acknowledge I voluntarily completed the application packet with a Tl'ils Ta'á'altha advocate; I understand they are not obligated to fulfill my requests for services unless otherwise approved by the appropriate agency and/or funding is available for the service/assistance.

Client Signature

Date

Advocate Signature

Date
