

Office of the

WYANDOTTE COUNTY

DISTRICT ATTORNEY



DISTRICT ATTORNEY

Mark A. Dupree, Sr.

29TH JUDICIAL DISTRICT OF KANSAS

Intake and Needs Assessment

Case Manager Name:	Date Completed:	Time:
Police Report/Incident No.		

Legal Name _____

Address _____

Phone _____ Age _____ D.O.B _____

County _____ Referral Source _____

Emergency Contact

Name _____ Relationship _____

Address _____ Phone _____

Demographic Information

Race/Ethnicity (please circle all that apply)

Gender (please circle all that apply)

- White
- Native American/ Native Alaskan
- Black
- Asian
- Pacific Islander
- Multiracial
- Latino/Latina
- Other _____

- Male
- Female
- Other _____

**** Turn in completed Intake and Needs Assessment forms to AdHoc Group Against Crime at (913)308-7555 or info@ahoc.com or bring to the WYCO DA's Office. ****

Office of the Wyandotte County District Attorney
Address: 710 N. 7th Street, Suite 10, Kansas City, Kansas 66101-3051
Telephone: (913)573-2851 * Fax: (913) 573-2948



29TH JUDICIAL DISTRICT OF KANSAS

Intake and Needs Assessment

1. Are you currently justice-involved? YES or NO If so, how? _____

2. What are your needs urgent needs? _____

Rank Priority Needs below	Priority 1(High), 2(Moderate), 3(Low)	Intake Questions	Responses
• Safe Housing		• How many people live in your home?	
• Crisis Case Management		• What is your highest level of education?	
• Damage Repair		• Are you currently employed?	
• Other		• Have you ever been diagnosed with a mental illness?	
• Other		• Are there ongoing safety concerns	

I am interested in receiving the services checked off about and agree to do my part in accomplishing my goals with the help of Program Staff.

Client Signature _____

Intervention Specialist Signature _____ Date _____

Client discontinued services prior to case plan signature requirement.

Intervention Specialist Signature _____ Date _____

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