Default Question Block

Thank you for your interest in our service. Please use this form to give us more information about your needs. It should take 10 minutes or less. Note that most questions are optional and can be skipped if needed.

Vhich organization referred you?
Anti-Violence Project
Bronx FJC
Brooklyn FJC
Manhattan FJC
Queens FJC
Staten Island FJC
Vhat is your caseworker's name?
Vhat are your caseworker's phone number and email?
Vhat name would you like us to use for you? (optional)

Block 1

Is it safe for us to email you?
○ Yes
○ No
If yes, what is a safe email address where we can contact you?
Is it safe for us to call you on the phone?
Please be aware that if the person you are concerned about has been able to touch your phone in the past, or if you are on a shared family phone plan with that person, it may be less safe to use your phone to talk to us.
○ Yes
O No
If yes, what is a safe phone number where we can call you?
Is it safe for us to leave a voicemail?
○ Yes
○ No
Is it safe for us to send you text messages?
Please be aware that if the person you are concerned about has been able to touch your phone in the past, or if you are
on a shared family phone plan with that person, it may be less safe to use text messages to talk to us.
O Yes
○ No

If yes, what is a safe phone number we can use to send you text messages?
What are some safe days and times when we can call you to discuss your needs?
What are some days and times that would be convenient for a 60 minute phone consultation?
Block 2
Are you concerned about a device , such as a phone or computer? If so, what kind of phone or computer are you worried about? (You can choose more than one.)
☐ iPhone
☐ Android phone
☐ iPad
☐ Android tablet
☐ Laptop
☐ Desktop computer
Other (please say)
Are you concerned about an online account , such as email or social media? If so, what kind of online account are you
worried about? (You can choose more than one).
☐ iCloud
☐ Gmail / Google account
Facebook
☐ Instagram
☐ WhatsApp

Other (please say)	
Please briefly explain the problems you are hoping we can help with.	
Block 3	
What languages do you speak fluently? (You can choose more than one.)	
☐ English	
Spanish	
Mandarin Chinese	
Something else (please say)	
What pronouns should we use for you?	
☐ She/her/hers	
☐ He/him/his	
☐ They/them/theirs	
☐ Something else (please say)	
☐ Prefer not to say	
How would you describe your race or ethnicity? (You can choose more than one.)	
American Indian or Alaska Native	
Asian or Asian American	
☐ Black or African American	
☐ Latinx/Hispanic	
■ Native Hawaiian or other Pacific Islander	
☐ White	
☐ Something else (please say)	