DVPT PROGRAM REPORT

Instructions:

1. All required fields are marked with an *.
2. Use the **SAVE** button to save information and calculate data on each page.
3. Save at least every 30 minutes to avoid losing data.
4. To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
5. To return to the Forms menu, click the Forms Menu link above.

Report the total number of full-time equivalent (FTE) staff funded by the DVPT program during the current reporting period.

[   ] *

How many individuals did your DVPT program (not your entire agency) serve this reporting period? [   ] *

How many total shelter nights were provided this reporting period to new and continuing individuals? [   ] *

How many **NEW** individuals did your DVPT program serve this reporting period? [   ] *

Individuals Served

Shelter Services

- Shelter includes an individual and dependents who are provided a bed, including on-site shelter, safe home or hotel room.
- Report on **NEW** individuals receiving shelter services this reporting period, counted once regardless of the number of times they may have been served during the grant year.
- If an individual received shelter and non-shelter only count them in the shelter category.

Number of **NEW** domestic violence victims seen for the first time during this reporting period who received shelter services. Note: Children/Youth are defined as those under the age of 18.

Number of Women	Number of Men	Number of Gender Not Specified/Other	Number Children/Youth	Total
[ ] *	[ ] *	[ ] *	[ ] *	

Number of Shelter Nights: [   ] *

Indicate the number of shelter nights for each person who arrives and is provided a bed, including on-site shelter, safe home or sponsored hotel room. Include victims of domestic violence and their dependents. Count the number of people housed times the number of nights. For example, a victim and her 3 children stay in the shelter or safe house for 5 nights; this means 4 people x 5 nights = 20 shelter nights then prorate by DVPT funded staff, if necessary.

Number of Unmet Requests for Shelter: [   ] *

*Count the number of unmet requests for shelter due to program shelter, safe homes or sponsored hotel rooms being at capacity or unavailable. Count adult victims of domestic violence only. This count **should not** include individuals who were not served because their needs were inappropriate for the services of your program, e.g., homelessness not related to domestic violence. Count the total number of times requests for shelter were declined, even if the program provided other services.*

Non-Shelter Services

Number of **NEW** domestic violence victims seen for the first time during this reporting period who received non-shelter services.

Number of Women	Number of Men	Number of Gender Not Specified/Other	Number Children/Youth	Total
[ ] *	[ ] *	[ ] *	[ ] *	

Demographics

Demographic information should only be reported on **NEW** individuals being seen for the first time this grant period and should include both shelter and non-shelter.

Age: The age demographic totals should **equal** the program's numbers totaled in Individuals Served in Shelter and Individuals Served with Non-Shelter.

Age	Number Served
0 - 12	*
13 - 17	*
Unknown Child Age	*
18 - 24	*
25 - 59	*
60+	*
Unknown Adult Age	*
Total	

Race/Ethnicity: Report the race and/or ethnicity of the Individuals served, including children and youth. Clients may self-identify in more than one category, e.g., White and Hispanic.

Race/Ethnicity	Number Served
Black or African American	*
American Indian/Alaska Native	*
Asian	*
Hispanic or Latino	*
Native Hawaiian/Other Pacific Islander	*
White	*
Unknown/Other	*

Other Demographics

Report individuals needing language services, individuals self-identifying as LGBTQ and youth receiving services due to being a victim of dating violence.
- Language Services: Provision of interpretation and/or translation. Provision of English as a second language class.
- LGBTQ: This is a count of clients who self-identify as lesbian, gay, bisexual, transgender or queer.
- Teen dating violence: This is a count of all of the youth aged 13-17 receiving services due to being a victim of dating violence in their own relationships. These youth could be receiving services on their own, as an emancipated minor or other minor eligible to receive services or could be a youth who accompanies their parent to shelter and self-identifies as needing their own services.

Services	Clients
Number needing language services, such as interpretation	*
Number self-identifying as lesbian, gay, bisexual, transgender or queer (LGBTQ)	*
Number of youth age 13-17 receiving services due to being a victim of dating violence	*

Crisis Calls

Calls received on any agency line that relate to an individual or family in need of some kind of service. A program does not have to have a dedicated hotline to count these calls. Count all calls including repeat callers and calls from third parties such as a family member. **Do not** count calls about donations or for general information about program or violence issues unrelated to a specific individual or family, calls from the media, etc.

Number of Crisis/Hotline Calls: *

Services to Victims

Report the number of individuals (new and continuing) who received each service. Count each individual only once for each type of service that the individual received.
- Individual/Group Counseling: Individual or group counseling or support provided by a volunteer, staff or advocate.
- Crisis intervention: Process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life.
- Victim Advocacy Services: Actions designed to help the victim/survivor obtain needed resources or services including employment, housing, shelter services, health care, victim's compensation, etc.
- Criminal/Civil Legal Advocacy: Assisting a client with civil legal issues, including preparing paperwork for protection orders; accompanying a client to a protection order hearing, or other civil proceeding; and all other advocacy within the civil justice system.
- Medical Accompaniment: Accompanying a domestic violence victim to, or meeting a victim at, a hospital, clinic, or medical office.
- Transportation Services: Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation.

Services	Clients
Number of children/youth receiving crisis intervention	*
Number of children/youth receiving victim advocacy services	*
Number of children/youth receiving individual or group counseling/support group	*
Number of adult victims receiving crisis intervention	*
Number of adult victims receiving victim advocacy services	*
Number of adult victims receiving individual or group counseling/support group	*
Number of adult victims receiving criminal/civil legal advocacy	*
Number of adult victims receiving medical accompaniment	*
Number of adult victims receiving transportation services	*

Community Education

Count the total number of presentations or trainings about domestic violence, dating violence, healthy relationships and/or available services. In addition, count the number of individuals in attendance.

Target Population	Number of Presentations	Number of Participants
Adults/General Population	*	*
Youth	*	*

Service Outcome Data

Domestic violence programs should be collecting outcome information from their clients served. There are two mandated questions that must be asked of clients:

Because of the services I received, I feel:
- Resource Outcome- I know more about community resources (yes or no)
- Safety Outcome- I know more ways to plan for my safety (yes or no)

Outcome information should be collected for each service: shelter, support services and advocacy, therapeutic counseling, and support groups. For each service, count the number of surveys completed and the number of "**yes**" responses to each question.

Survey Type	Surveys Completed	Number of YES to Resource Outcome	Number of YES to Safety Outcome
Shelter	*	*	*
Supportive Services/Advocacy	*	*	*
Counseling	*	*	*
Support Group	*	*	*
Total			

Describe the impact DVPT funding has had in this reporting period.

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Describe any challenges that your DVPT program faced this reporting period.

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Add Attachment(s)

- To add additional attachments, click the **SAVE** button.

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