

**Office for Victims of Crime  
Victim Assistance Formula Grant Program  
Subgrantee Performance Measures Report**

**POPULATION DEMOGRAPHICS**

1. **TOTAL** number of individuals who received services *during the reporting period.*

Number

Not an unduplicated count

2. Is your agency able to track individuals on an annual basis by federal fiscal year?

- A. Yes (go to question 4)
- B. No

3. Is your agency able to identify “new” individuals who did not receive services from your agency *during the previous reporting period?*

- A. Yes
- B. No, Not Tracked (go to question 6)

Not Tracked represents that the agency is unable to submit this data as requested due to the need to change the data collection process. Efforts are underway to track data as requested.

C. No, Other Reason (please explain and go to question 6)

Explanation

4. Number of **NEW** individuals who received services from your agency for the first time *during the reporting period.*

5. **Demographics**

Number

Category	Population	Number of NEW Individuals
<b>A. RACE/ETHNICITY</b> (self-reported)  <b>SEE APPENDIX FOR DEFINITIONS</b>	American Indian/Alaska Native	
	Asian	
	Black/African American	
	Hispanic or Latino	
	Native Hawaiian and Other Pacific Islander	
	White Non-Latino/Caucasian	
	Some Other Race	
	Multiple Races	
	Not Reported	
	Not Tracked	
<b>TOTAL</b>		<i>Auto-calculated</i>
<b>C. GENDER IDENTITY</b> (self-reported)	Male	
	Female	
	Other (brief description)	
	Not Reported	
	Not Tracked	
<b>TOTAL</b>		<i>Auto-calculated</i>
<b>D. AGE</b> (self-reported)	0–12	
	13–17	
	18–24	
	25–59	
	60 and Older	
	Not Reported	
<b>TOTAL</b>		<i>Auto-calculated</i>

**6. TYPES OF VICTIMIZATIONS (for ALL individuals identified in Question 1)**

Individuals who received services by type of victimization.	VICTIMIZATION TYPE	A. Number of individuals who received services based on a presenting victimization during the reporting period.
<p><b>INSTRUCTIONS:</b> Enter a count for each victimization type of individuals who received services based on their presenting victimization type(s) during the reporting period.</p> <p>An individual may be counted in more than one victimization type.</p> <p>Do not count an individual more than once for the same victimization type.</p> <p><b>SEE APPENDIX FOR DEFINITIONS</b></p>	Adult Physical Assault (Includes Aggravated and Simple Assault)	
	Adult Sexual Assault	
	Adults Sexually Abused/Assaulted as Children	
	Arson	
	Bullying (Verbal, Cyber or Physical)	
	Burglary	
	Child Physical Abuse or Neglect	
	Child Pornography	
	Child Sexual Abuse/Assault	
	Domestic and/or Family Violence	
	DUI/DWI Incidents	
	Elder Abuse or Neglect	
	Hate Crime: Racial/Religious/Gender/ Sexual Orientation/Other (Explanation Required)	
	Human Trafficking: Labor	
	Human Trafficking: Sex	
	Identity Theft/Fraud/Financial Crime	
	Kidnapping (includes parental, custodial)	
	Mass Violence (Domestic/International)	
	Other Vehicular Victimization (e.g., Hit and Run)	
	Robbery	
	Stalking/Harassment	
	Survivors of Homicide Victims	
	Teen Dating Victimization	
	Terrorism (Domestic/International)	
Violation of a Court (Protective) Order		
Other (Provide number and description)		
If other, please explain:		
<p><b>B. Of the number of individuals receiving services, the number who presented with more than one type of victimization during the reporting period.</b></p>		
<p><b>C. Special classification of individuals (self-reported)</b></p> <p><b>INSTRUCTION:</b> Enter the number of individuals who self-identify in one of these categories.</p>	Deaf/Hard of Hearing	
	Homeless	
	Immigrants/Refugees/Asylum Seekers	
	LGBTQ	
	Veterans	
	Victims with Disabilities: Cognitive/ Physical /Mental	
	Victims with Limited English Proficiency	
	Other (List the types)	
If other, please explain:		

**DIRECT SERVICES**

7. Number of individuals assisted with a victim compensation application *during the reporting period.*

Number

8. Select the types of services provided by your organization *during the reporting period:*

- A. Information & Referral
- B. Personal Advocacy/ Accompaniment
- C. Emotional Support or Safety Services
- D. Shelter/ Housing Services
- E. Criminal/ Civil Justice System Assistance

9. Total number of individuals who received services and occurrence by service type *during the reporting period.*

**A. Information & Referral**

Number of individuals

***Enter the number of times a service was provided in each subcategory listed.***

A1. Information about the criminal justice process

Number

A2. Information about victim rights, how to obtain notifications, etc.

Number

A3. Referral to other victim service programs

Number

A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)

Number

**B. Personal Advocacy/ Accompaniment**

Number of individuals

***Enter the number of times a service was provided in each subcategory listed.***

B1. Victim advocacy/accompaniment to emergency medical care

Number

B2. Victim advocacy/accompaniment to medical forensic exam

Number

B3. Law enforcement interview advocacy/accompaniment

Number

B4. Individual advocacy (assistance in applying for public benefits, return of personal property or effects)

Number

B5. Performance of medical forensic exam or interview, or medical evidence collection

Number

B6. Immigration assistance (e.g., special visas, continued presence application, and other immigration relief)

Number

B7. Intervention with employer, creditor, landlord, or academic institution

Number

B8. Child or dependent care assistance (provided by agency)

Number

B9. Transportation assistance (provided by agency)

Number

B10. Interpreter services

Number

**C. Emotional Support or Safety Services**

Number of individuals

***Enter the number of times a service was provided in each subcategory listed.***

C1. Crisis intervention (in-person, includes safety planning, etc.)

Number

C2. Hotline/crisis line counseling

Number

C3. Individual counseling

Number

C4. On-scene crisis response (e.g., community crisis response)

Number

C5. Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)

Number

C6. Support groups (facilitated or peer)

Number

C7. Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic meds, durable medical equipment, etc.)

Number

**D. Shelter/ Housing Services**

Number of individuals

**Enter the number of times a service was provided in each subcategory listed.**

D1. Emergency shelter or safe house

Number

D2. Transitional housing

Number

D3. Relocation assistance

Number

**E. Criminal/ Civil Justice System Assistance**

Number of individuals

**Enter the number of times a service was provided in each subcategory listed.**

E1. Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)

Number

E2. Victim impact statement assistance

Number

E3. Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)

Number

E4. Emergency justice-related assistance

Number

E5. Civil legal attorney assistance in obtaining protection or restraining order

Number

E6. Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)

Number

E7. Other civil legal attorney assistance (e.g., landlord/tenant, employment, etc.)

Number

E8. Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)

Number

E9. Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)

Number

E10. Criminal advocacy/accompaniment

Number

E11. Civil advocacy/accompaniment (includes victim advocate assisting with protection orders)

Number

## SUBGRANTEE ANNUALLY REPORTED QUESTIONS

10. Number of requests for services that were unmet because of organizational capacity issues.

Number

Please explain.

Explanation

11. Does your organization formally survey clients for feedback on services received?
- A. Yes
  - B. No (go to question 14)

12. Number of surveys distributed (includes, but not limited to, those distributed by hand, mail or electronic methods)

Number

Explain your organization's method to obtain client feedback.

Explanation

13. Number of surveys completed.

Number

14. Please discuss some of the challenges your victim assistance program faced during the course of the federal fiscal year.

Discussion

15. Please describe some of the services that victims needed but could not be provided. What were the challenges that prevented those services from being provided?

Description