Alaska Council on Domestic Violence and Sexual Assault Services Provided Report

Program Name: _____ **Reporting Period:** _____
(Month/Year)

Client ID: _____

DATE:	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**	**14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**	**26**	**27**	**28**	**29**	**30**	**31**	**#**	totals
Individual Advocacy																																	
(1) Intake Assessment/Orientation																																1	
(2) Safety/Lethality Assessment																																2	
(3) Crisis Intervention																																3	
(4) Information/Referral																																4	
(5) Personal Support																																5	
(6) Individual Meeting																																6	
Systems Advocacy																																	
(7) Medical Advocacy																																7	
(8) Legal Advocacy																																8	
(9) Protective Order Filed																																9	
Personal Advocacy																																	
(10) Transportation																																10	
(11) Child Care																																11	
(12) Safety Check																																12	
(13) Clothing & Food																																13	
(14) Public Assistance																																14	
(15) OCS/APS																																15	
(16) CSED																																16	
(17) Schools/Education																																17	
(18) DV/SA Program																																18	
(19) Tribes/Tribal Reps.																																19	
(20) Other																																20	
Shelter																																	
(21) Shelter / Safe House																																21	
Other																																	
(22) Group Meeting																																22	

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FORM DPS 12-1106 (Rev 10/03)