

Domestic Violence Emergency Shelter Services Report

Arizona Department of Economic Security
Arizona Department of Health Services

General Instructions

Intention

This report is intended to track residential and non-residential services provided by emergency shelters to victims and perpetrators of domestic violence, including counseling, advocacy and batterers intervention services.

Enter something in every blank and cell

If you collect information on a data item and have 0 occurrences of that data item, enter 0 in the appropriate box or space. For example, in the table for question 10, if domestic violence is the only reason your agency received requests for shelter, enter the number of Primary Clients and Children requesting shelter in the first row and enter 0 in the remaining cells of the table. If you do not collect information on a data item, enter NA in the blank or cell.

Return only data

You do not need to return the General Instructions and Definitions sections. The definitions below are alphabetized for quick reference, but most of the them can also be found in the report by the appropriate data items. To report your data, return only pages 3 through 13.

Definitions

Case Management - Client-centered planning and coordination of client services with other agencies or professionals.

Caucasian - Includes people of European, North African, Middle Eastern and Southwest Asian ancestry.

Child - A female or male 17 years of age or younger

Counseling

Short term counseling (Crisis counseling) - One or more interactions directed towards improving or alleviating crisis situations, including creating a service or safety plan and crisis counseling. Requirements for crisis counseling staff will be determined by the contractor using the standards established in Title IX, Chapter 20 Behavioral Health Rules, adopted October 23, 1992.

1 Counseling Unit = 1 Hour of Staff Time

- Residential and non-residential counseling are counted the same way.
- Group Counseling Example:

If 2 counselors lead a group session for 1.5 hours, the reportable number of counseling units is 3, i.e., 2 staff X 1.5 hours = 3 counseling units.

Drugs - Prescription or Illegal Drugs.

Hispanic - Includes people who identify with Mexican, Central American, and Latin American heritages.

Man - A male 18 years of age or older

Media - Includes newspaper, radio, television, magazines and internet. Engagements and inquiries include appearances, interviews, stories and articles about your program, quoting your staff or volunteers, or using your program as a resource for a story. You may attach articles or other examples of Media contacts to this report separately if you would like.

No Show - A person your agency accepted for shelter, but never arrived.

Primary Client - The adult, 18 years of age or older, or emancipated minor presenting to the shelter for service.

- A child is **only** counted as a Primary Client if he or she is an emancipated minor. A child who presents with his or her parent is **not** a Primary Client.
- If multiple adults from a household enter a shelter together, each adult should be tracked as a separate Primary Client.

Referrals - Must be explained to clients to be counted. For example, if you hand each client a written list of referrals in a packet and do not go over the referrals individually with them, count neither the client nor the referrals.

Relationships

Spouse or Former Spouse - A person who is or has been legally married to the Primary Client.

Partner or Former Partner - A person who is or has lived with the Primary Client in an intimate relationship without maintaining a separate household.

Date or Former Date - A person who the Primary Client is dating or has dated for any length of time. The Primary Client maintains a separate household from a date or former date.

Safe Home - A private family or motel/hotel providing a victim and her children residence for a temporary length of stay.

Shelter - A facility providing temporary residential service or placing a family or household members who are victims of domestic violence. Clients provided shelter in a domestic violence shelter, motel or safe home are to be counted as receiving residential services.

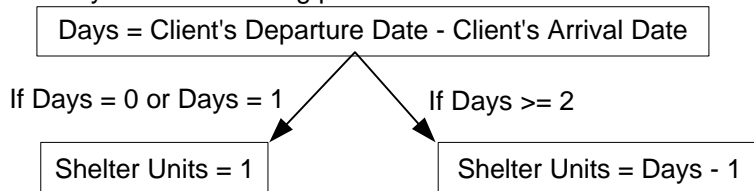
1 Shelter Unit = 1 Residential Day

Guidelines

- If an individual is receiving services at 11:59 PM of a day, that day is considered one full-service day.
- If an individual stays for only a partial day, the day of intake is considered one full-service day.
- If, on the day of exit, an individual leaves prior to 11:59 PM, no part of the day is counted, unless it is the day of intake.

Procedure

- You may use the following procedure to count Shelter Units.



$\text{Total Requests for Shelter} = \text{Total Provided Shelter} + \text{Total Denied Shelter}$

$\text{Average Length of Stay} = \text{Total Bednights Provided} \div \text{Total Primary Clients exiting shelter}$

Shelter Provided - At a minimum, the referral agency or person has been contacted and has agreed to house the person who requested shelter. If you don't know where the person who requested shelter will be staying or you don't know that there is space available for them where you have referred them, then shelter has not been provided.

Trip - A roundtrip by staff or volunteers. Any trip involving transport of victims to and/or from the shelter should be counted. A trip involving the transport of multiple victims at once should be counted as one trip.

Woman - A female 18 years of age or older

Domestic Violence Emergency Shelter Services Report

Arizona Department of Economic Security
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1. Agency: _____

2. DV Program: _____

3. Report Period:

A. Fiscal Year B. Quarter 7/1 - 9/31 10/1 - 12/31 1/1 - 3/31 4/1 - 6/30

4. Primary Geographic Area(s) Served:

A. Counties Served:

- | | | |
|-----------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Apache | <input type="checkbox"/> Greenlee | <input type="checkbox"/> Pima |
| <input type="checkbox"/> Cochise | <input type="checkbox"/> La Paz | <input type="checkbox"/> Pinal |
| <input type="checkbox"/> Coconino | <input type="checkbox"/> Maricopa | <input type="checkbox"/> Santa Cruz |
| <input type="checkbox"/> Gila | <input type="checkbox"/> Mohave | <input type="checkbox"/> Yavapai |
| <input type="checkbox"/> Graham | <input type="checkbox"/> Navajo | <input type="checkbox"/> Yuma |

B. Reservations Served:

- | | |
|---|--|
| <input type="checkbox"/> Ak-Chin | <input type="checkbox"/> Kaibab-Paiute |
| <input type="checkbox"/> Cocopah | <input type="checkbox"/> Navajo |
| <input type="checkbox"/> Colorado River Indian Tribes | <input type="checkbox"/> Pascua Yaqui |
| <input type="checkbox"/> Fort McDowell | <input type="checkbox"/> Pinal |
| <input type="checkbox"/> Fort Mohave | <input type="checkbox"/> Salt River Pima Maricopa Indian Community |
| <input type="checkbox"/> Fort Yuma Quechan | <input type="checkbox"/> San Carlos - Apache |
| <input type="checkbox"/> Gila River | <input type="checkbox"/> San Juan Southern Paiute Tribe |
| <input type="checkbox"/> Havasupai | <input type="checkbox"/> Tohono O'Odham Nation |
| <input type="checkbox"/> Hopi | <input type="checkbox"/> White Mountain - Apache |
| <input type="checkbox"/> Hualapai | <input type="checkbox"/> Yavapai - Apache |

5. Program Staff:

Category	Number of Staff	Hours Worked
Full-time	<input type="text"/>	<input type="text"/>
Part-time	<input type="text"/>	<input type="text"/>
Volunteer	<input type="text"/>	<input type="text"/>

6. Shelter Facility:

A. Licensing Licensed Unlicensed

B. Safe Homes Yes No

Note: A safe home is a private family or motel/hotel providing a victim and her children residence for a temporary length of stay.

7. Bed Availability (not including cribs):

Location of Bed	Beds Available
Shelter Beds	<input type="text"/>
Motel Room Beds	<input type="text"/>
Private Residence Beds	<input type="text"/>
Total Beds	<input type="text"/>

8. Transportation

Note: A trip is a roundtrip by staff or volunteers. Any trip involving transport of victims to and/or from the shelter should be counted. A trip involving the transport of multiple victims at once should be counted as one trip.

A. Number of Trips to any location taken by staff or volunteers transporting a victim this quarter:

B. Number of Trips to any location provided to victims by your agency by distributing tokens or voucher, or through cash assistance for bus, taxi or buying gasoline:

9. Number of Media engagements or inquiries this quarter:

A. Attach a brief description of Media Activities this quarter, including articles or other examples of Media contacts. Note: Media includes newspaper, radio, television, magazines and internet. Engagements and inquiries include appearances, interviews, stories and articles about your program, quoting your staff or volunteers, or using your program as a resource for a story.

Requests for Residential Services

Note: Total Requests for Shelter = Total Provided Shelter + Hotline Referrals + Total Denied Shelter

10. Requests for Shelter:

Reason Shelter Requested	Primary Clients	Children
Domestic Violence		
Homeless		
Sexual Assault		
Other		
Total Requests for Shelter		

Specify Other Reasons Requested:

11. Outcome of Requests for Shelter:

Shelter Provided	Primary Clients	Children
Provided Shelter for DV		
Provided Shelter for Non-DV		
Referred to Other DV Shelter		
Referred to Non-DV Shelter		
Referred to Family/Friends		
No Show		
Total Provided Shelter		

Note: At a minimum, "Shelter Provided" means that the referral agency or person has been contacted and has agreed to house the person who requested shelter. A "No Show" is a person your agency accepted for shelter, but never arrived. If you don't know where the person who requested shelter will be staying or you don't know that there is space available for them where you have referred them, then shelter has not been provided and they should not be counted here.

Specify Other Hotlines:

Hotline Referrals	Primary Clients	Children
Maricopa County CONTACTS		
National DV Hotline		
Other Hotlines (specify)		
Total Hotline Referrals		

Shelter Denied	Primary Clients	Children
No Room		
Previously Exhausted Stay		
Substance Abuse		
Mental Health		
Physical Limitations		
Elderly		
Pets		
Language Barrier		
Teenage Boy		
Adult Male		
Other (specify)		
Total Denied Shelter		

Note: If a woman and her children do not accept shelter because she has a teenage son and she is not provided shelter in some other way, the woman and her children should be counted in the "Teenage Boy" row.

Specify Other Reasons Denied:

12. Referral Source of Requests for Shelter this quarter

Referral Source	Primary Clients
Law Enforcement	
Legal Services (e.g. Court, Prosecutor, Advocacy)	
Social Services	
DES Office	
Mental Health Services (Psychological/Counseling)	
Substance Abuse Program	
Emergency Department	
Medical Services (e.g., Doctor, Dentist)	
Faith Community	
School	
Other DV Shelter Program, including Safe Homes	
Other Non-Domestic Violence Shelter Program	
Friends	
Relatives	
Public Information/Media (e.g., poster, radio, TV)	
Hotlines	
Other Referral Sources (specify)	

Note: Include all requests for shelter, not just those provided shelter. Advocacy includes Victim Witness. Hotlines include, but are not limited to, CONTACTS, the National Domestic Violence Hotline, and the Arizona Coalition Against Domestic Violence.

Specify Other Referral Sources:

Residential and Non-Residential Services

13. Services to Clients who BEGAN services this quarter:

Note: Case Management is client-centered planning and coordinating client services with other agencies or professionals. Creating a service or safety plan with the client is Counseling. Counseling includes Crisis Counseling.

Residential Services

Shelter Services (unit = 1 day)	Number of Clients			Units of Service Delivered		
	Women	Children	Men	Women	Children	Men
Delivered in a Shelter						
Delivered in a Motel						
Delivered in a Private Residence						
Counseling/Advocacy (unit = 1 hour)	Women	Children	Men	Women	Children	Men
Individual Counseling delivered in shelter						
Group Counseling delivered in shelter						
Case Management (Social Services Advocacy)						
Law Enforcement Advocacy						
Legal Advocacy						

13. Services to Clients who BEGAN services this quarter: (continued)

Non-Residential Services

Counseling/Advocacy (unit = 1 hour)	Number of Clients			Units of Service Delivered		
	Women	Children	Men	Women	Children	Men
Non-residential Individual Counseling						
Non-residential Group Counseling						
Case Management (Social Services Advocacy)						
Law Enforcement Advocacy						
Legal Advocacy						

14. Services to Clients who began services in a PREVIOUS quarter, including the last fiscal year:

Note: Case Management is client-centered planning and coordinating client services with other agencies or professionals. Creating a service or safety plan with the client is Counseling. Counseling includes Crisis Counseling.

Residential Services

Shelter Services (unit = 1 day)	Number of Clients			Units of Service Delivered		
	Women	Children	Men	Women	Children	Men
Delivered in a Shelter						
Delivered in a Motel						
Delivered in a Private Residence						
Counseling/Advocacy (unit = 1 hour)	Women	Children	Men	Women	Children	Men
Individual Counseling delivered in shelter						
Group Counseling delivered in shelter						
Case Management (Social Services Advocacy)						
Law Enforcement Advocacy						
Legal Advocacy						

Non-Residential Services

Counseling/Advocacy (unit = 1 hour)	Number of Clients			Units of Service Delivered		
	Women	Children	Men	Women	Children	Men
Non-residential Individual Counseling						
Non-residential Group Counseling						
Case Management (Social Services Advocacy)						
Law Enforcement Advocacy						
Legal Advocacy						

15. Relationship of Batterer/Perpetrator to Primary Clients who BEGAN Residential or Non-Residential services this quarter

Note: A relationship may be with a person of the same or opposite sex.

- Spouse or Former Spouse - A person who is or has been legally married to the Primary Client.
- Partner or Former Partner - A person who is or has lived with the Primary Client in an intimate relationship without maintaining a separate household.
- Date or Former Date - A person who the Primary Client is dating or has dated for any length of time. The Primary Client maintains a separate household from a date or former date.

Relationship	Primary Clients
Spouse	
Former Spouse	
Partner	
Former Partner	
Date	
Former Date	
Parent	
Child	
Other Family Member	
Other (specify)	
Total Primary Clients	

Specify Other Relationships:

16. Number of Primary Clients who BEGAN Residential or Non-Residential services this quarter who indicated AT INTAKE:

Note: The Primary Client's self-report is to be considered a valid measure, i.e. agencies are not expected to search police records to verify if a police report was made or insist on seeing the Order of Protection or Injunction Against Harassment.

- A. That a report was made to **law enforcement** or law enforcement arrived on the scene during the **most recent incident** of violence: _____
- B. That there had been an **arrest** for domestic violence during the **most recent incident** of violence: Batterer _____
Victim _____
- C. That a report had **ever** been made to **law enforcement** or law enforcement had ever arrived on the scene during any incident of violence with the same batterer: _____
- D. That there had **ever** been an **arrest** for domestic violence during an incident of violence with the same batterer: Batterer _____
Victim _____
- E. That he/she had a **current** Order of Protection or Injunction Against Harrassment: _____
- F. That he/she had **ever** had an Order of Protection or Injunction Against Harrassment: _____
- G. That there has **ever** been an experience of **emergency medical intervention** as a result of domestic violence: Batterer _____
Victim _____
- H. That he/she had **ever** discussed domestic violence with a **medical professional**: _____

For Women Only:

- I. That she had **ever** been **pregnant** during a relationship that involved domestic violence: _____
- J. That she had **ever** had a **miscarriage** during a relationship that involved domestic violence, whether or not the miscarriage was a result of abuse: _____

17. Demographics identified AT INTAKE of Primary Clients who BEGAN Residential or Non-Residential services this quarter:

A. Age

B. Sex

	0-2	3-5	6-12	13-17	18-29	30-44	45-59	60-64	65-69	70+	Female	Male
Primary Clients												
Children												

C. Race

	Caucasian	Black	Native American	Asian	Mixed	Other	Specify Other Races: _____ _____ _____
Primary Clients							
Children							

D. Hispanic Ethnicity

Note: Caucasian includes people of European, North African, Middle Eastern and Southwest Asian ancestry. Hispanic includes people who identify with Mexican, Central American, and Latin American heritages.

	Hispanic
Primary Clients	
Children	

E. Income

Note: Income categories become dated over time because of changing economic times, but provide a sense of the distribution of the economic status of clients. Average Income is more comparable over time, but does not provide any information about the distribution of income. Both of these measures of income are included to provide measures that are comparable over time and give a sense of the distribution of income.

	Average Income
Primary Clients	

Income Level (\$)	Primary Clients
0 - 6000	
6001 - 10000	
10001 - 14000	
14001 - 18000	
18001 - 22000	
22001 - 25000	
25001 - 30000	
30001 - 50000	
50001 +	

Public Assistance	Primary Clients	Children
TANF		
WIC		
Low Income Housing		
SSI		
SSDI		
Kids Care		
Food Stamps		
AHCCCS		
Cash Assistance		

F. Type of Abuse Experienced by Primary Clients and Children who BEGAN services this quarter

Note: Count clients in all of the types of abuse they have experienced. The number reported in each of the categories may equal, but not exceed, the total number of Primary Clients or Children who began services this quarter.

	Physical	Sexual	Verbal/Psychological	Economic	Abused as a Child	Witnessed Abuse
Primary Clients						
Children						

G. Current Abuse of Alcohol and/or Drugs

H. Currently in Treatment for Abuse of Alcohol and/or Drugs

Note: Drugs includes both prescription and illegal drugs.

	Alcohol	Drugs	Alcohol & Drugs
Primary Clients			

	Alcohol	Drugs	Alcohol & Drugs

Exit Data

18. Length of Stay in Shelter of Primary Clients (Residential only) who EXITED this quarter

Note: Count the number of Primary Clients, not children, with a given length of stay in a given type of housing.
 Average Length of Stay = Total Bednights Provided ÷ Total Primary Clients exiting shelter

Length of Stay	Shelter	Motel	Private Residence
Arrived and left on same day			
1 Day			
2-4 Days			
5-14 Days			
15-30 Days			
31-45 Days			
46-90 Days			
91+ Days			
Total Primary Clients exiting shelter			
Total Bednights Provided			
Average Length of Stay in Days			

19. Court cases against Batterers/Perpetrators of Primary Clients (Residential only) who EXITED shelter this quarter

A. How many Primary Clients went to court during their stay?

--	--	--	--

B. Legal Outcomes

Legal Outcome during stay	Primary Clients
Assigned to Batterer Treatment	
Civil Resolution (e.g., divorce, child support, separation, ...)	
Criminal Conviction	
Case Dismissed	

Note: If the resolution of a case is pending or unknown, it should NOT be counted in B. However, Primary Clients may be counted in all appropriate areas.

20. Number of Primary Clients (Residential only) who EXITED this quarter who obtained an Order of Protection since beginning shelter services :

21. Destination of Primary Clients (Residential only) who EXITED shelter this quarter

Destination	Primary Clients	Children
Returned to original household with Batterer		
Returned to original household, Batterer moved out		
Moved in with relatives or friends		
Set up own household in new location		
Transferred to other Family Violence shelter		
Transferred to transitional housing program		
Transferred to other residential program (e.g., substance abuse, mental health)		
Left without notifying staff of destination		
Asked by staff to leave program		
Other (specify)		

Specify Other Destinations:

23. Educational Presentations/Community Outreach conducted

Presentations may be given to groups that include, but are not limited to, schools, law enforcement agencies, social service agencies, companies, churches, civic groups and media.

- A. **Number of Presentations** by staff this quarter: _____
- B. **Number of Hours** of staff time spent on educational presentations and community outreach this quarter: Contact Hours _____ Preparation Hours _____
- C. **Number of People** attending educational presentations and community outreach this quarter: _____
- D. Specify **Presentation Topics**: (attach additional sheet if you need to list additional topics)

24. Staff and Volunteer Trainings conducted in any location

- A. **Number of Presentations** attended by staff and/or volunteers this quarter: _____
- B. **Number of Hours** of staff and/or volunteer time spent in training this quarter: _____
- C. **Number of Staff and/or Volunteers** attending training this quarter: _____
- D. Specify **Training Topics**: (attach additional sheet if you need to list additional topics)

25. Number of Telephone Calls requesting emergency services or information and referrals received this quarter

Type of Call	Crisis Calls	Information and Referral Calls
Family Violence		
Sexual Assault		
Suicide		
Child Abuse		
Elder Abuse		
Other Crimes		
Homeless		
Other (specify)		
Total Calls		

Note: Only number of calls, not time, is measured here. If a call is both a crisis call and information and referral call, count it in both columns.

Specify Other Call Types:

26. If your agency did not provide services to Batterers this quarter, check this box and skip to question 29.

27. Batterers Services this quarter:

Self-Referred

Mandated

- A. Number of Batterers who **RECEIVED** counseling this quarter: _____
- B. Number of Batterers who **BEGAN** counseling this quarter: _____
- C. Number of Batterers who **COMPLETED** counseling this quarter: _____
- D. Number of Batterers who **FAILED TO COMPLETE** counseling this quarter: _____
- E. Number of **Counseling Units** delivered to Batterers this quarter: _____

28. Demographics of Batterers who BEGAN services this quarter AT INTAKE:

A. Age

	0-12	13-17	18-29	30-44	45-59	60-64	65+
Batterers							

B. Sex

	Female	Male
Batterers		

C. Race

	Caucasian	Black	Native American	Asian	Other
Batterers					

Specify Other Races:

D. Hispanic Ethnicity

	Hispanic
Batterers	

Note: Caucasian includes people of European, North African, Middle Eastern and Southwest Asian ancestry. Hispanic includes people who identify with Mexican, Central American, and Latin American heritages.

E. Income

	Average Income
Batterers	

Note: Income categories become dated over time because of changing economic times, but provide a sense of the distribution of the economic status of batterers. Average Income is more comparable over time, but does not provide any information about the distribution of income. Both of these measures of income are included to provide measures that are comparable over time and give a sense of the distribution of income.

Income Level (\$)	Batterers
0 - 6000	
6001 - 10000	
10001 - 14000	
14001 - 18000	
18001 - 22000	
22001 - 25000	
25001 - 30000	
30001 - 50000	
50001 +	

Public Assistance	Batterers
TANF	
WIC	
SSI	
SSDI	
Food Stamps	
Low Income Housing	
AHCCCS	
Cash Assistance	

F. Type of Abuse Experienced

Note: Count Batterers in all of the types of abuse they have experienced. The number reported in each of the categories may equal, but not exceed, the total number of Batterers who began services this quarter.

	Physical	Sexual	Verbal/Psychological	Economic	Abused as a Child	Witnessed Abuse
Batterers						

G. Current Abuse of Alcohol and/or Drugs

H. Currently in Treatment for Abuse of Alcohol and/or Drugs

Note: Drugs includes both prescription and illegal drugs.

	Alcohol	Drugs	Alcohol & Drugs
Batterers			

	Alcohol	Drugs	Alcohol & Drugs
Batterers			

29. Progress Report

A. Please report significant program accomplishments, changes or activities relating to clients, staff, services, or community contributions or recognitions. Describe how the needs of underserved populations, including populations underserved because of ethnic, racial, cultural, language diversity, or geographic isolation, are met by the program. Include case histories, anecdotal information and evaluation results that provide insight into the impact the program has had. Also, explain any significant changes in numbers served from previous quarters.

B. Please report significant program barriers, delays or other problems experienced by your program this quarter.

C. Attach any available documentation, for example, operational plan, newspaper articles, awards or brochures developed.

Report Prepared By: _____ Phone Number: _____ Date: _____

Send To: Department of Economic Security Phone: (800) 582-5706
Community Services Administration
Site Code 086Z
P.O. Box 6123
Phoenix, AZ 85005