

**MARYLAND DEPARTMENT OF HUMAN RESOURCES  
COMMUNITY SERVICES ADMINISTRATION  
OFFICE OF VICTIM SERVICES**

**DOMESTIC VIOLENCE QUARTERLY OUTCOME MEASURES  
REPORT**

**AGENCY NAME** \_\_\_\_\_

**CONTRACT/AGREEMENT #** \_\_\_\_\_ **REPORT QUARTER/YEAR** \_\_\_\_\_

Please complete the following information for cases closed during the specific quarter. Please show information for each preceding quarter within a state fiscal year as well as the YTD cumulative percentage. **This information pertains only to those victims receiving face to face counseling. Does not apply to hotline counseling.**

|   | <b><i>QUARTERS</i></b>      |                            |                            |                            |                   |
|---|-----------------------------|----------------------------|----------------------------|----------------------------|-------------------|
|   | 1 <sup>ST</sup><br>Jul-Sept | 2 <sup>ND</sup><br>Oct-Dec | 3 <sup>RD</sup><br>Jan-Mar | 4 <sup>TH</sup><br>Apr-Jun | YTD<br>Cumulative |
| 1. <u>Number</u> of counseling cases closed during the quarter.   |                             |                            |                            |                            |                   |
| 2. <u>Number</u> of domestic violence victims who have, at case closing, completed the appropriate steps to have a safety plan ready for implementation, if needed.     |                             |                            |                            |                            |                   |
| 3. <u>Percentage</u> of domestic violence victims who have, at case closing, completed the appropriate steps to have a safety plan ready for implementation, if needed. |                             |                            |                            |                            |                   |

\_\_\_\_\_  
Name of Preparer (Please Print) Telephone Number

\_\_\_\_\_  
Signature of Preparer Date