

**MINNESOTA CENTER FOR CRIME VICTIM SERVICES  
Quarterly Statistical Report Form**

MCCVS Reviewer's Initials _____ Date _____
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**DOMESTIC VIOLENCE HOTEL/MOTEL & SAFE HOME PROGRAM**

**FY05: July 1, 2004 – June 30, 2005**

**Organization Name:** \_\_\_\_\_  
**Program Component Name:** \_\_\_\_\_

This report covers the period:  
(check one)

- July 1 - September 30                      -Due 10/30/04  
 October 1 - December 31                      -Due 1/30/05  
 January 1 - March 31                      -Due 4/30/05  
 April 1 - June 30                      -Due 7/30/05

**Page 1: Hotel/Motel & Private Safe Home Services**

**Page 2: Primary Victim Demographics**

**Hotel/Motel & Private Safe Home Services**

If your program receives a shelter grant and you also provide hotel/motel and/or private safe home services, please report the shelter services on the shelter grant statistical form.

Referrals made to other agencies for these services or shelter services: \_\_\_\_\_ Women  
 \_\_\_\_\_ Men  
 \_\_\_\_\_ Children

	Intakes this Quarter*			Actual Person Days**		
	Women	Men	Children (<18)	Women	Men	Children (<18)
Hotel/Motel	_____	_____	_____	_____	_____	_____
Private Safe Home	_____	_____	_____	_____	_____	_____

\* If an individual has more than one stay at a shelter facility during the fiscal year, he or she would be counted as having an "Intake" for each stay. If a person's stay crosses fiscal quarters or fiscal years, the stay should only be counted as an "Intake" in the quarter/year that the stay began.

\*\* Actual Person Days should be counted in the quarter in which they actually occurred, just as for per diem reimbursement in the past.

***At the end of the year these numbers will show the length of an average stay.***

## Primary Victim Demographics

Primary domestic violence victim demographics are only recorded once per fiscal year no matter how many services are provided for an individual nor how many times the individual has been victimized during the fiscal year. This means that programs should report the following demographics of each primary victim they serve during the quarter in which he or she was first served during that fiscal year and not again until the first contact the next fiscal year.

If you receive a shelter grant from MCCVS, demographics of those victims who you serve while they were being sheltered should be recorded on your shelter statistical form.

Each column's **Total** numbers should be equivalent in sections I, II & III

	<b>Primary Adults</b>	<b>Primary Children/Youth</b>
<b>I. Sex:</b>	_____ Female	_____ Children/Youth
	_____ Male	
	_____ Unknown	
	_____ <b>Total</b>	_____ <b>Total</b>
<b>II. Current Age:</b>	_____ 18-29 years	_____ 0-4 years
	_____ 30-44 years	_____ 5-12 years
	_____ 45-64 years	_____ 13-17 years
	_____ 65+ years	_____ Unknown
	_____ Unknown	
	_____ <b>Total</b>	_____ <b>Total</b>
<b>III. Racial/Ethnic Background:</b>	_____ African American	_____ African American
	_____ American Indian	_____ American Indian
	_____ Asian/Pacific Islander	_____ Asian/Pacific Islander
	_____ Caucasian	_____ Caucasian
	_____ Chicano/Latino	_____ Chicano/Latino
	_____ Multi-racial	_____ Multi-racial
	_____ Immigrant (specify origin)	_____ Immigrant (specify origin)
	_____ Africa	_____ Africa
	_____ Asia	_____ Asia
	_____ Europe	_____ Europe
	_____ Mexico/South America	_____ Mexico/South America
	_____ Middle East	_____ Middle East
	_____ Other/Unknown	_____ Other/Unknown
	_____ Other/Unknown	_____ Other/Unknown
_____ <b>Total</b>	_____ <b>Total</b>	
<b>IV. Disability:</b>	Record any and all disabilities that each victim has or seems to have.	
	_____ Blind/Visually Impaired	_____ Blind/Visually Impaired
	_____ Deaf/Hard of Hearing	_____ Deaf/Hard of Hearing
	_____ Physical Disability	_____ Physical Disability
	_____ Developmental Disability	_____ Developmental Disability
	_____ Mental Illness	_____ Mental Illness
	_____ Other (specify) _____	_____ Other (specify) _____