Form E01 (Rev. 12/00)

Non-Residential Admissions

I. Report Date:
Month/Year

II. Agency Information

Agency ID: _____

Agency Name: _____

III. Non-Residential Admissions

Family Unit ID	Num. of Adults	Num. of Children	Date Services Began

	Total Adults	Total Children
IV. Total		

Instructions: Non-residents include all persons served that are not currently residing in a DV emergency or transitional shelter. All agencies with a non-residential component must use this form to report admission information for families who meet the definition of domestic violence victims. A person/family is considered to be a non-residential admission if an individual case record is opened, for the first time. Typically, a hotline call would not be considered an open case, nor would persons who are provided with information and referred elsewhere for services. Once a person/family is admitted, they are considered an open case and should not be included on this form again during the year. **I. Reporting Date**: Enter the reporting month and year. **II. Agency ID**: Assigned and pre-entered by NYS OCFS. **Agency Name**: Pre-entered by NYS OCFS. **III. Non-Residential Admissions**: This section must be completed for families that meet the definition of a victim of domestic violence only. *Column One* – Family Unit ID – Enter a discreet family unit identification code for each family that FIRST began receiving services through the non-residential program in the reporting month. This includes families previously residing in a residential program and persons re-admitted to the non-residential program after one year or more without any contacts. *Column Two* – Adults – For each family unit, enter number of adults that began receiving services (excluding batterers). *Column Three* – Children – For each family unit, enter number of children in the family that were provided services by the non-residential program in the reporting month. This number may differ from the actual number of children living with the adult. For example, if a woman is the primary victim seeking services and she has three children, but only two will be receiving services at this time, enter a two under this column. If the third child begins to receive services at a later date, treat this child (NOT the family) as a new admission, using the same Family Unit ID originally used by the family at the date of admission. *Column Four* – Date Services Began – Enter the date of the first contact and/or intake with the primary victim. **IV. Totals**: At the end of the month, enter total number of adults and children by adding the figures in their respective columns. If using multiple forms, please staple forms together, only include the *Grand Total* on one form, and make sure the *Grand Total* page is on top of all other forms.