

**OHIO OFFICE OF CRIMINAL JUSTICE SERVICES
Family Violence & Prevention Services Act (FVPS)**

FVPS Semi-Annual Performance Report

The U.S. Department of Health and Human Services (HHS) has established grant reporting requirements for Family Violence & Prevention Services Act (FVPS) funds. OCJS collects the required grant reporting information through this *Semi-Annual Performance Report* form. Because it is necessary to meet the HHS requirements, funding to programs will be suspended if grant recipients fail to submit *Performance Report* data. Information is to be reported to HHS for calendar years. Please use the reporting dates provided below regardless of your program start date.

Subgrant Number: _____

Program Title: _____

Implementing Agency: _____

Contact Person: _____

Phone: (____) _____ Email: _____

Program Start Date: _____ Program End Date: _____

Reporting Period (check one): January 1—June 30 (due by July 31)
 July 1—December 31 (due by January 31)

INTRODUCTION TO THE DATA COLLECTION FORM

This form is a revision of the last year's form – the updates were made to reflect recent changes in the HHS requirements. Questions in the form are now divided into six areas. Familiarity with these areas may assist you in your responses. The six areas are:

- **Area 1: Shelter Services**
- **Area 2: Demographics of Victims Served by Your Program**
- **Area 3: Types of Services and Assistance Provided Directly by Your Program**
- **Area 4: Service Referrals to Other Agencies**
- **Area 5: Batterers**
- **Area 6: Volunteers**

For **all** of the questions below, provide information for the reporting period checked on page 1.

Area 1: Shelter Services

Questions 1 through 5 pertain to victim shelters only and are to be answered by shelter programs. If your program is not a shelter, please check this box and proceed to question 6.

1. Indicate the number of persons seeking shelter who were identified as victims of physical, sexual, or emotional abuse. *Count each person no more than once.*

_____ Women (18 – 55 years of age)
_____ Men (18 – 55 years of age)
_____ Young children (birth - 12 years of age)
_____ Teenagers (13 - 17 years of age)
_____ Elderly (age 55 and over)

2. Indicate the number of persons sheltered in your facility as a result of FVPS funding. *Count each person no more than once.*

_____ Women (18 – 55 years of age)
_____ Men (18 – 55 years of age)
_____ Young children (birth - 12 years of age)
_____ Teenagers (13 - 17 years of age)
_____ Elderly (age 55 and over)

3. Indicate the average number of nights per person for those sheltered in your facility.

_____ Women (18 – 55 years of age)
_____ Men (18 – 55 years of age)
_____ Young children (birth - 12 years of age)
_____ Teenagers (13 - 17 years of age)
_____ Elderly (age 55 and over)

4. How many persons were **referred** to other shelters due to lack of space? _____
5. What was the total number of persons **turned away** due to lack of space **but not referred** to other shelters? _____

Area 2: Demographics of Victims Served by Your Program

Questions 6 and 7 address victims served directly by your program. Do not include services for batterers, for they are covered in Area 5. Questions 6 and 7 are to be answered by all FVPS programs — shelters and non-shelters alike. If your program is a shelter, but offers victim services in addition to shelter, answer the questions for all served by the various victim components of your program.

6. Indicate the total number of persons served directly by your program during the reporting period for each racial and ethnic category below. *Assign persons to categories in whatever manner is used by your program.* Because the categories are not mutually exclusive, individuals may be counted more than once.

- _____ African-Americans
_____ Asians
_____ Caucasians
_____ Native Americans/Inuit
_____ Pacific Islander
_____ Hispanic/Latino

7. Indicate the total number of persons sheltered during the reporting period for each special population category below. *Assign persons to categories in whatever manner is used by your program.* Because the categories are not mutually exclusive, individuals may be counted more than once.

- _____ Women of color
_____ Limited English proficiency
_____ Geographically isolated from the shelter
_____ Mentally/emotionally challenged
_____ Physically/medically challenged
_____ Other special population (please specify) _____

Area 3: Types of Services and Assistance Provided Directly by Your Program

Questions 8 through 11 address the types of services and assistance provided to victims by your program. Referrals to other agencies are covered in Area 4. Do not include services for batterers, for they are covered in Area 5. Questions 8 through 11 are to be answered by all FVPS programs, shelters and non-shelters alike, covering the various victim components of your program.

8. Indicate the number of persons served by your program for the following types of needs. Because the categories are not mutually exclusive, individuals may be counted more than once.

_____ Alcohol abuse
_____ Drug abuse
_____ Mental health
_____ Abuse as a child
_____ Child witnessing abuse
_____ Others witnessing abuse
_____ Emergency medical intervention
_____ Law enforcement intervention

9. Indicate the number of persons, including victims or their family members, who received the following types of services from your program. Because the categories are not mutually exclusive, individuals may be counted more than once.

_____ Number attending individual counseling
_____ Number attending group counseling
_____ Number attending a victim of battering support group
_____ Number served through a hotline
_____ Number served through crisis intervention other than a hotline
(please specify) _____

10. Indicate the number of persons, including victims or their family members, who received the following types of **advocacy** services from your program. Because the categories are not mutually exclusive, individuals may be counted more than once.

_____ Number receiving housing advocacy
_____ Number receiving legal advocacy
_____ Number receiving other advocacy service (please specify) _____

11. Indicate the number of persons, including victims or their family members, who received the following types of **assistance** from your program. Because the categories are not mutually exclusive, individuals may be counted more than once.

_____ Number receiving transportation assistance

_____ Number of children receiving child care assistance

_____ Number of teenagers (ages 13-17) receiving assistance services

_____ Number receiving training and technical assistance

_____ Number receiving other assistance services. Please describe the assistance services:

Area 4: Service Referrals to Other Agencies

Question 12 pertains to referrals of victims to other programs, rather than services and assistance provided directly by your program. Do not include services for batterers, for they are covered in Area 5. Question 12 is to be answered by all FVPS programs, shelters and non-shelters alike, covering the various victim components of your program.

12. Indicate the number of persons your program **referred to another agency** for the following types of needs. Because the categories are not mutually exclusive, individuals may be counted more than once.

_____ Alcohol abuse

_____ Drug abuse

_____ Mental health

_____ Abuse as a child

_____ Child witnessing abuse

_____ Others witnessing abuse

_____ Emergency medical intervention

_____ Law enforcement intervention

Area 5: Batterers

Questions 13 and 14 address only services for batterers. Question 13 pertains to batterers' services provided directly by your program and question 14 covers referrals to other agencies. Questions 13 and 14 are to be answered by all FVPS programs, shelters and non-shelters alike.

13. Indicate the number of batterers for whom your program provided the following types of batterer interventions. Because the categories are not mutually exclusive, individuals may be counted more than once.

_____ Batterer intervention program
_____ Alcohol abuse
_____ Drug abuse
_____ Mental health
_____ Other services (please specify) _____

14. Indicate the number of batterers whom your agency provided referrals to other agencies for the following types of batterer interventions. Because the categories are not mutually exclusive, individuals may be counted more than once.

_____ Batterer intervention program
_____ Alcohol abuse
_____ Drug abuse
_____ Mental health
_____ Other services (please specify) _____

Area 6: Volunteers

Questions 14 and 15 address volunteers in your program. Questions 14 and 15 are to be answered by all FVPS programs, shelters and non-shelters alike.

15. Indicate the number of volunteers who worked with your program.

_____ Number of volunteers

16. Indicate the total number of hours volunteers worked with your program.

_____ Number of volunteer hours

