Texas Health and Human Services Commission

Form H2752
November 1995

Family Violence Program

Monthly Activity Report

Agency Name	City	HHSC Contract No.	Month and Year of Report

Name of Contact Person	Title	Telephone No. (inc. AC)
		( ) -

Type of Report (check one)

☐ **COUNTY MONTHLY ACTIVITY REPORT (Complete Items 1 through 3):** ⇨ County Name

☐ **TOTAL MONTHLY ACTIVITY REPORT (Complete Items a. through d., and Items 1 through 3 below):**

a. Number of hotline calls from or about victims of family violence	
b. Number of batterers provided information and referral	
c. Number of adult victims of family violence requesting shelter who could not receive shelter due to lack of space	
d. Number of adult victims of family violence who could not receive shelter due to lack of space, but were assisted in obtaining other temporary shelter	

1. Volunteers Working in the Family Violence Program

A. Number of volunteers working during this month	
B. Total number of volunteer hours worked this month	
C. Number of new volunteers beginning training this month	

2. Community Education

A. School age children presentations/education programs:

1. Number of presentations	
2. Number of children attending	

B. Speaking engagements or community presentations to adults:

1. Number of presentations	
2. Number of adults attending	

3. Professional Trainings

A. Number of criminal justice professional trainings presented	
B. Number of criminal justice professionals attending	
C. Number of other professional trainings presented	
D. Number of other professionals attending	

Signature – Person Certifying Information

Date