**Domestic Violence Shelter Annual Output Report:**

**FVPSA**

# Important Information:

Each year, agencies will report program outputs, other data, and accomplishments in the narrative section of the report. This report will cover the most recent past fiscal year, July 1st through June 30th. Reports are due to OCJP by July 31st.

While this report indicates the fund source FVPSA, it is to be completed annually by any agency that receives OCJP funding in support of domestic violence (DV) shelter services provided in TN.

Agencies will provide information not only on the victim services provided that are funded with OCJP grant(s), but on all domestic violence services that the agency provides, no matter the funding source. Thus, any domestic violence victim services that are funded by OCJP pass through funds, and/or other federal, state, or local government funds, and/or foundation or private donations, must be reported on the Domestic Violence Shelter Programs Output Report.

The DV Shelter Annual Output Report is unique in this way. The data collected from this report is compiled and sent to the federal agency, the US Department of Health and Human Services (HHS), the source of FVPSA funds.

The report should not include any data on services to clients who are supported exclusively by sexual assault (SA) funding. Do not include any data on sexual assault victim services for victims who are not also being served as a part of your domestic, family or dating violence programming. However, there is an exception. Data on services to clients who are being supported by both SA and DV funds should be included in the report.

Please direct any questions on whether to include data in your report on a client who is a sexual assault victim, to your program manager.

Just as a reminder: Throughout this report, please remember do not to place zeroes in any slots if there are no numbers to report. If there is nothing to report, please just leave it blank. And also, do not write any words in any of the cells or in the tables throughout this report.

# Section 1 - Agency Information

* **Agency name** is the name of your organization
* The **Edison Grant number** is the contract number, and it is the same number that is posted on every invoice for reimbursement your agency has sent to OCJP this past fiscal year. Your agency bookkeeper or accountant can also provide this number. It is also written on the first page of the final, executed contract.
* The **reporting person** is the person completing and submitting the form.
* The **phone, email and website addresses** provide contact information to OCJP should any questions arise regarding the submitted report.
* Please indicate if your **shelter location is urban, rural, suburban, or frontier**. Use your best judgement. There are no strict guidelines to follow in answering this question.
* Finally, the form asks for the **name of your program manager.** Find the name of your program manager among the drop-down list of options and select their name.
* The **reporting period is July 1st through June 30th**.

The final question under Agency Information asks for the total amount of your agency’s budget for DV programming and the amount required for DV services overhead from July 1st through June 30th. This is your organization’s budget, irrespective of the revenue stream, for DV programs over the past fiscal year. This does not include any funding specifically budgeted for SA services and thus excludes SASP funding or portions of VOCA funds specifically devoted to SA.

# Section 2 - Agency Services

The **first question** asks for your program’s **total number of non-residential office sites**. This is not the same as a residential service site. A non-residential office site includes any office, other than the shelter at which domestic, family or dating violence victims and their dependents are provided services. This non-residential office site must be a set place, with set hours, and known as a satellite office of your organization.

The **second question** asks for the **number of emergency shelter sites** provided by your agency. This is asking for the number of actual shelters that you operate under your program. This does not include any safe homes that your agency uses, nor does it include any hotels or motels that you use, no matter the frequency of use.

The **third question** in Section 2 asks **how many permanent shelter beds** are provided by your shelter. Do not include roll away beds, portable cribs, or toddler beds that are used only occasionally. In addition, you may not count beds in safe houses or hotels or motels that you use---no matter how frequently.

The **fourth question** in Section 2 asks for the **number of times a hotel/motel or safe house bed was used** over the past fiscal year. Note that it is not the number of beds, but the number of times one of these beds was used by a victim or the dependents of the victim.

The **fifth question** in Section 2 asks whether you have served human trafficking victims over the past year.

The **final question** is to choose if you serve primarily linguistically specific populations or other underserved populations.

# Section 3 - Volunteers

**Question one** asks for the number of volunteers-- agency-wide—that you have working with your organization. For this total, you may count any unduplicated volunteer who serves in any capacity in the agency, such as direct services, board membership, fundraising volunteers, shelter maintenance, etc.

**Question two** asks for the total number of volunteer hours and again, includes all volunteers working with your program. Your agency must have a way of tracking, documenting, and counting the total number of volunteer hours. Your agency may be asked to provide documentation of these volunteer hours during monitoring of the program.

**Question three** in this section asks for the number of direct service volunteer hours your agency applied as fiscal match to your grant during last fiscal year. This is only applicable if you have a budget entry for volunteers to be used as financial match. If you have questions, check with your OCJP Program Manager.

# Section 4 - Clients Served

**4.A Individuals Served and Number of Bed Nights**

Female Victims:

* The number of unduplicated female victims who were shelter residents during the reporting period (NOT including dependents/children of the victim).
* The number of all bed nights for female victims in shelter, hotels, motels, safehouses.
* The total number of female victims served in hotels, motels, and safe houses.

Children and Youth/Dependents of Victims:

* The number of unduplicated children and youth who were shelter residents during the reporting period (NOT including dependents/children of the victim).
* The report then asks for the number of all bed nights for children and youth in shelter, hotels, motels, safehouses.
* The third question in this sequence asks for the total number of children and youth victims served in hotels, motels, and safe houses.

Male Victims:

* The number of unduplicated male victims who were shelter residents during the reporting period (NOT including dependents/children of the victim).
* The report then asks for the number of all bed nights for male victims in shelter, hotels, motels, safehouses.
* The third question in this sequence asks for the total number of male victims served in hotels, motels, and safe houses.

Gender Non-Specific Victims:

* The number of unduplicated gender nonspecific victims who were shelter residents during the reporting period (NOT including dependents/children of the victim).
* The report then asks for the number of all bed nights for gender nonspecific victims in shelter, hotels, motels, safehouses.
* The third question in this sequence asks for the total number of gender nonspecific victims served in hotels, motels, and safe houses.

**4.B: Youth Intimate Partner Victims**

In this section you are to indicate the number of residential youth intimate partner violence clients served in the residential program and the number of bed nights associated with this total.

Remember that the number of youth intimate partner violence clients is a subset of the total number reported under Children and Youth.

**4.C: Referral Sources of Residential Clients**

This section asks two questions:

* The first question asks about the number of referrals resulting from the Lethality Assessment Protocol or LAP and should be inclusive of all numbers of dependents. (This is a fairly new program. If you are involved with an LAP in conjunction with your law enforcement, then you will know. Several are being launched at the start of the fiscal year and would not have any outputs.
* The second question asks about the number of referrals resulting directly from a Family Justice Center and should be inclusive of any dependents.

**4.D. Nonresidential Clients**

The question is asking for the total number of unduplicated nonresidential clients receiving services. These can be individual services or group services and include victims and their dependents. DO NOT LIST ANY HOTLINE CALLERS.

List the total number of nonresidential clients by categories of:

* Women
* Children and Youth
* Men
* Gender Unspecified/Other

**4.E. Youth Intimate Partner - Nonresidential Clients**

In this section, indicate the number of nonresidential youth intimate partner violence clients served. Remember that the number of youth intimate partner violence clients is a subset of the total number reported under Children and Youth.

**4.F. Referral Sources of Nonresidential Clients**

This section asks two questions:

* The first question asks about the number of referrals resulting from the Lethality Assessment Protocol or LAP and should be inclusive of all dependents. (This is a fairly new program. If you are involved with an LAP in conjunction with your law enforcement, then you will know about this program. Several programs are being launched at the start of the fiscal year and will not have any outputs at that time.)
* The second question asks for the number of referrals resulting directly from a Family Justice Center and should be inclusive of any dependents.

# Section 5 - Unmet Requests and Referrals

**First Question:** This section asks for the number of times your program had requests and/or referrals for residential services that you could not meet due to lack of capacity or resources. Count adult victims of domestic violence only.

Note: This number does not include individuals who were not served because their needs were inappropriate for services, for example they were not eligible because they were not victims of domestic violence, or they were homeless, but, again, not victims of domestic violence.

**Second Question:** asks for the number of times a victim/survivor was offered or provided a hotel/motel/safehouse bed. This is not a bed night count, but a count of the times a victim was offered hotel/motel/or safehouse bed.

# Section 6 - Victim Census

The data provided will be for unduplicated client, residential and non-residential combined

**6.A. Demographics by Race or Ethnicity**

This data will be a combined count of residential and nonresidential clients as listed in Sections 4A and 4D above.

This section asks for the numbers served, including dependents, by race or ethnicity.

**6.B. Client Ages by Gender**

This data will be a combined count of residential and nonresidential clients as listed in Sections 4A and 4D above.

* Column one is female by age category
* Column two is male by age category
* Column three is gender unspecified or other by age category

**6.C. Special Classification of Individuals as self-reported:**

List the number of individuals who self-identify in one or more of these categories.

* Deaf/hard of hearing
* Immigrants/refugees/asylum seekers
* LGBTQ
* Veterans
* Victims with disabilities, physical, mental, or cognitive
* Limited English Proficiency

Note that the federal law defines a person with a disability as one with a physical or mental impairment which substantially limits one or more of the individual’s major life activities even with the help of medication or aides/devices.

# Section 7 - Related Victim Services and Assistance

**7.A. Crisis Line/Hotline Calls**

A definition of Hotline Calls is provided on the form. It states that a crisis line call is a call that is from an individual or family in need, or someone calling on behalf a victim, who is seeking domestic violence related services. All calls, including repeat callers should be counted, but not those calls unrelated to someone seeking DV services. Do not count:

* Calls about volunteering
* Calls offering donations
* Calls from the media
* Hang up calls

Provide the total number of crisis calls according to the guidance provided above.

**7.B. Children’s Activities**

Count the total number of service contacts with children that fall outside of child advocacy. You will include service contacts such as mentoring and recreational opportunities since these types of activities fall outside of child advocacy.

* The first question asks for the combined number of service contacts provided for children, both residential and nonresidential.
* The second question asks for the number of non-advocacy group activities held for children, both residential and nonresidential.

**7.C through 7.G** ask for the service numbers and service contacts per service. This section of the Annual Output Report Form is similar to the VOCA reporting PMT Report format.

For each category listed below (questions 7.C. – 7.G), enter the number of clients who received services from your shelter program during the reporting period. For each subcategory within a category, enter the number of times that the services were provided. If no services were provided, DO NOT ENTER ZERO, just leave it blank.

**7.H. Children and Youth Supportive Services**

You will report the number of service contacts for children and youth who have received individual and/or group supportive services. This section asks for the number of contacts in two service categories, individual and group.

* Service contacts are not brief encounters in the shelter such as distribution of toiletries, food, toys, etc. A contact could be, for example, a 30 minute counseling session in the shelter or it could be several hours while working with a school on behalf of a child.
* Individual supportive services may include crisis intervention, safety planning, individual or group counseling, peer counseling, educational services, etc..
* Group supportive services include counseling/therapy, classes related to domestic violence concerns.
* Anyone under the age of 18 will be counted in this section unless they are legally emancipated.

**7. I. Adult Supportive Services:**

As in the section above, you will report the number of service contacts, for individual services and for group services. This is for adults who have received individual and/or group supportive services.

Individual supportive services may include:

* crisis intervention
* safety planning
* individual counseling
* educational services
* legal advocacy
* personal advocacy
* housing advocacy
* medical advocacy
* information and referral
* transportation
* home visits

Group supportive services may include:

* support group
* group classes
* group therapy
* group counseling

# Section 8 - Community Education, Training, and Public Awareness

 **8A: Community Education and Training**

This section asks for outputs concerning community education and training. This is a broad category of outreach and education that includes all presentations of information or training about DV and/or DV services related to victims and their children.

You are asked to report the following for both 1) adults and the general population and 2) children and youth:

1. the number of presentations
2. the number of individuals who attended

**8B: Public Awareness Activities**

This includes activities such as:

* Information forums
* Press conferences
* Booths at health fairs and other occasions where your agency materials or educational brochures about domestic violence would be distributed

The data asked for in this section is simply the number of community awareness activities. **No head counts** are requested.

# Section 9 - Annual Narrative Performance Report

There are seven narrative questions, and these are self-explanatory. We ask that the answers are well thought out and comprehensive.

The final task for the DV Shelter Output Report is to review the form to ensure the accuracy and completion of all sections. Then you will certify that the report is accurate and complete by typing your name and date of report.

Please make a copy of the report prior to submitting. The instructions for copying it are at the bottom of the page.

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