

# FY21 VOCA Performance Measures Data Report

**Program Name \***

**Name of individual submitting report \***

First Name      Last Name

**Email \***

example@example.com

**Date of submission \***



Month   Day   Year

**Reporting period \***

## VOCA Subgrantee Performance Report

### POPULATION DEMOGRAPHICS

This section is to be completed each reporting period.

**1. Total number of individuals who received services during the reporting period.**

Instructions: Count all individuals served by your organization with the use of VOCA plus match funds during the reporting period. This number should be an unduplicated count of people served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.

## **Total number of individuals receiving services \***

### **2. Total number of anonymous contacts received during the reporting period.**

Instructions: Count all anonymous contacts received by your organization through a hotline, online chat, or other service where the individuality of each contact cannot be established. If your organization did not have any anonymous contacts, enter zero (0).

## **Total number of anonymous contacts \***

### **3. Number of NEW individuals who received services from your agency for the first time during the reporting period.**

Instructions: Report the number of NEW individuals served by your organization with the use of VOCA plus match funds for the first time during the reporting period. This number should be an unduplicated count of NEW clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented. **For the first reporting period of your subaward, all individuals should be counted as new.**

## **Total number of NEW individuals receiving services \***

### **4. Demographics (for NEW individuals identified in Question 3)**

Instructions: Count each NEW individual in only one race/ethnicity type as self-reported. Individuals who self-report in more than one race and/or ethnicity category should be counted in the "Multiple Races" category. **The total number of individuals in each demographic category should equal the number of NEW individuals reported in Question 3.**

All "0" entries must represent a **true value of zero**.

If no data is collected for a **category**, enter "NT" in that category to mark it as Not Tracked. This means that the subgrantee is not yet able to submit data in this category due to the need to update its data collection system, but that efforts are underway to track data as requested. Then, in the "Not Tracked" category provided, report the number of individuals whose demographic data was not tracked.

If no data is collected for an **individual**, count that individual in the **Not Reported** category. This means that the subgrantee collects this data, but it was not provided by the person completing the intake form.

**A. RACE/ETHNICITY (self-reported)**

**A1. American Indian/Alaska Native**

American Indian/Alaska Native

**A2. Asian**

Asian

**A3. Black/African American**

Black/African American

**A4. Hispanic or Latino**

Hispanic or Latino

**A5. Native Hawaiian/Pacific Islander**

Native Hawaiian or Other Pacific Islander

**A6. White Non-Latino**

White Non-Latino/Caucasian

**A7. Other**

Some Other Race

**A8. Multiple Races**

Multiple Races

**A9. Not Reported**

## **A10. Not Tracked**

Not Tracked

## **B. GENDER IDENTITY (self-reported)**

### **B1. Male**

Male

### **B2. Female**

Female

### **B3. Other**

Other (brief description below)

**If 'other' is reported, a brief description is required:**

### **B4. Not Reported**

Not Reported

**B5. Not Tracked**

Not Tracked

**C. AGE (self-reported)**

**C1. Age 0-12**

0-12

**C2. Age 13-17**

13-17

**C3. Age 18-24**

18-24

**C4. Age 25-59**

25-59

**C5. Age 60+**

60 and older

**C6. Not Reported**

Not Reported

**C7. Not Tracked**

Not Tracked

**5. Types of Victimizations (for ALL individuals identified in Questions 1 and 2)**

Enter the count of individuals who received services based on each presenting victimization type during the reporting period.

The total must equal the number(s) reported in questions 1 and questions 2. However, the total can be greater than the number(s) reported in question 1 and question 2 if there is a victim or victims that presented with more than one type of victimization.

An individual MAY be counted in more than one victimization type.

An individual MAY NOT be counted more than once within the same victimization type.

**A. Individuals who received services by victimization type:**

Number of Individuals who received services based on the  
presenting victimization during the reporting period

Adult Physical Assault (Includes Aggravated  
and Simple Assault)

Adult Sexual Assault

Adults Sexually Abused/Assaulted as  
Children

Arson

Bullying (Verbal, Cyber, or Physical)

Burglary

Child Physical Abuse or Neglect

Child Pornography

Child Sexual Abuse/Assault

Domestic and/or Family Violence

DUI/DWI Incidents

Elder Abuse or Neglect

Hate Crime: Racial/Religious/Gender/Sexual  
Orientation/Other (please explain below)

Human Trafficking: Labor

Human Trafficking: Sex

Identity Theft/Fraud/Financial Crime

Kidnapping (non-custodial)

Kidnapping (custodial)

Mass Violence (Domestic/International)

Other Vehicular Victimization (e.g. Hit & Run)

Robbery

Stalking/Harassment

Survivors of Homicide Victims

Teen Dating Victimization

Terrorism (Domestic/International)

Other

**Hate Crime. Please explain:**

**Other (Victimization Type)**

**Please explain:**

**B. Individuals presented with more than one type of victimization during reporting period?**

Of the individuals who received services, how many presented with more than one type of victimization during the reporting period?

Individuals with more than  
one type of victimization

**C. Special Classifications**

Special Classifications of individuals (Enter the number of individuals who identify in one or more of these categories)

**Deaf/Hard of Hearing**

**Homeless**

**Immigrants/Refugees/Asylum**

**Seekers**

**LGBTQ**

**Veterans**

**Victims with Disabilities:**

**Cognitive/Physical/Mental**

**Victims with Limited English**

**Proficiency**

**Other**

**If Other, please explain:**

## **DIRECT SERVICES**

### **6. Number of individuals assisted with a victim compensation application during the reporting period:**

Count the number of individuals who received assistance with completing a victim compensation application during the reporting period, even if they did not submit the application. Simply providing an individual with an application does NOT qualify as assistance.

**Individuals who received assistance completing victim compensation applications: \***

### **8. Total number of individuals who received services by service type AND number of times each service was provided during the reporting period:**



**Instructions:** For each category (items A, B, C, D, and E), enter the **number of clients** who received services from your agency during the reporting period. For each subcategory within a category (e.g., items A1, A2, A3, and A4), enter **the number of times that service was provided** during the reporting period. Zero is a valid response.

Because some clients may receive multiple services, the total **number of times that services were provided** within a category may be greater than the **number of clients** who received those services.

**Enter the number of individuals who received services in Information and Referral: \***

**7. Select the types of services provided by your organization during the reporting period:**

- A. Information and Referral
- B. Personal Advocacy/Accompaniment
- C. Emotional Support or Safety Services
- D. Shelter/Housing Services
- E. Criminal/Civil Justice System Assistance

**Enter the number of times services were provided in each subcategory:** The total for subcategories (A1-A4) needs to be equal to or it may be greater than the overall number of individuals receiving this type of service.

## **A. INFORMATION & REFERRAL**

**A2. Information about victims' rights, how to obtain notifications, etc. \***

**A3. Referral to other victim service programs \***

**A1. Information about the criminal justice process \***

**A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.) \***

**Enter the number of individuals who received services in Personal Advocacy/Accompaniment: \***

## **B. PERSONAL ADVOCACY/ACCOMPANIMENT**

**Enter the number of times services were provided in each subcategory:** the total for subcategories (B1-B10) needs to be equal to or may be greater than the overall number of individuals receiving this type of service.

**B1. Victim advocacy/ accompaniment to emergency medical care \***

**B3. Law enforcement interview advocacy/ accompaniment \***

**B2. Victim advocacy/ accompaniment to medical forensic exam \***

**B4. Individual advocacy (e.g. assistance in applying for public benefits, return of personal property or effects) \***

**B5. Performance of medical or nonmedical forensic exam or interview or medical evidence collection \***

**B6. Immigration assistance (e.g. special visas, continued presence application, and other immigration relief) \***

**B7. Intervention with employer, creditor, landlord, or academic institution \***

**B8. Child or dependent care assistance (includes coordination of services) \***

**B9. Transportation assistance (includes coordination of services) \***

**B10. Interpreter services \***

## **C. EMOTIONAL SUPPORT OR SAFETY SERVICES**

**Enter the number of individuals who received services in Emotional Support/Safety Services: \***

**Enter the number of times services were provided in each subcategory:** The total for subcategories (C1-C7) needs to be equal to or may be greater than the overall number of individuals receiving this type of service.

**C1. Crisis Intervention (in-person, includes safety planning, etc.) \***

**C2. Hotline/crisis line counseling \***

**C3. On-scene crisis response (e.g. community crisis response) \***

**C4. Individual counseling \***

**C5. Support Groups (facilitated or peer) \***

**C6. Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy. etc.) \***

**C7. Emergency financial assistance \***

## **D. SHELTER/HOUSING SERVICES**

**Enter the number of individuals who received services in Shelter/Housing: \***

**Enter the number of times services were provided in each subcategory:** The total for subcategories (D1-D3) needs to be equal to or may be greater than the overall number of individuals receiving this type of service.

**D1. Emergency shelter or safe house \***

**D2. Transitional housing \***

## **E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE**

**D3. Relocation assistance (includes assistance with obtaining housing) \***

**Enter the number of individuals who received services in Civil/Criminal Justice Assistance: \***

**Enter the number of times services were provided in each subcategory:** The total for subcategories (E1-E11) needs to be equal to or may be greater than the overall number of individuals receiving this type of service.

**E1. Notification of criminal justice events \***

**E2. Victim impact statement assistance \***

**E3. Assistance with restitution \***

**E5. Civil legal assistance with family law issues \***

**E4. Civil legal assistance in obtaining protection or restraining order \***

**E6. Other emergency justice-related assistance \***

**E7. Immigration assistance \***

**E8. Prosecution interview advocacy/ accompaniment \***

**E9. Law enforcement interview advocacy/ accompaniment \***

**E10. Criminal advocacy/ accompaniment \***

**E11. Other legal advice and/or counsel \***

### **Subgrantee Annually Reported Questions**

\*Only required for the July-Sept Quarterly Report\*

**11. Number of requests for services that were unmet because of organization capacity issues**

**13. Number of surveys distributed (includes, but not limited to, those distributed by hand, mail or electronic methods)**

**Please Explain:**

**12. Does your organization formally survey clients for feedback on services recieved?**

Yes

No (go to question #14)

**Name and Title**

**14. Number of surveys completed.**

**15. Please discuss some of the challenges your victim assistance program faced during the course of the federal fiscal year.**

**16. Please describe some of the services that victims needed but could not be provided. What were the challenges that prevented those services from being provided?**