I. Population Demographics

Victim Assistance Data Tracking QUARTER 1

Note whether the client is **new** or has been served previously (**continuing**)

A. Race/Ethnicity: Enter data for NEW clients only.
Enter a value of **1** in the race/ethnicity category that best describes each client.
If the client does not self-report, mark as **Not Reported**. If the agency does not collect this data, mark as **Not Tracked**.

B. Gender: Enter data for N...
Enter a value of **1** in the race/eth...
If the client does not self-report, m...

Client ID	New Client? If NEW, enter a value of 1 below.	Continuing Client? If CONTINUING, enter a value of 1 below.	American Indian/ Alaska Native	Asian	Black/African American	Hispanic/ Latino	Native Hawaiian/ Other Pacific Islander	White Non-Latino/ Caucasian	Some Other Race	Multiple Races	Not Reported	Not Tracked	TOTAL RACE (auto-calculated)	Male	Female	Other
1																
2																
3																
4																
5																
6																
7																
8													*TOTAL must match the number of NEW clients reported in Question 4:*			
9																
10																
Add New Row																
SUM (auto-calculated)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

1. TOTAL number of individuals who received services during the reporting period:
(auto-calculated)   **0**

4. Number of NEW individuals who received services from your agency for the first time during the reporting period:
(auto-calculated)   **0**

C. Age: Enter data for NEW clients only.

*Enter a value of **1** in the age category that best describes each client.*

*If the client does not self-report, mark as **Not Reported**. If the agency does not collect this data, mark as **Not Tracked**.*

6. Types of Victimizations: Enter data

*Enter a value of **1** in each victimization type th...*

If other, please explain:	Not Reported	Not Tracked	TOTAL GENDER (auto-calculated)	0–12	13–17	18–24	25–59	60 and Older	Not Reported	Not Tracked	TOTAL AGE (auto-calculated)
			TOTAL must match the number of NEW clients reported in Question 4:								*TOTAL must match the number of NEW clients reported in Question 4:*
	0	0	0	0	0	0	0	0	0	0	0

Adult Physical Assault (Includes Aggravated and Simple Assault)	Adult Sexual Assault
0	0

Validation Check:

Are the totals for Race, Gender, and Age equal to the number of new clients?

YES

for ALL individuals who received services during the reporting period.
*at applies to the client. 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.*

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	Hate Crime explanation (if applicable):	Human Trafficking: Labor	Human Trafficking: Sex
0	0	0	0	0	0	0	0	0	0	0		0	0

Identity Theft/ Fraud/Financial Crime	Kidnapping (non-custodial)	Kidnapping (custodial)	Mass Violence (Domestic/ International)	Other Vehicular Victimization (e.g., Hit and Run)	Robbery	Stalking/ Harassment	Survivors of Homicide Victims	Teen Dating Victimization	Terrorism (Domestic/ International)	Violation of a Court (Protective) Order	Other	If other, please explain:	Did this client present with multiple victimization types? *If yes, enter 1 below.*
0	0	0	0	0	0	0	0	0	0	0	0		

B. Of those individuals receiving services, number that presented with more than one type of victimization during the reporting period: (auto-calculated)   **0**

C. Special classification of individuals: Enter data for ALL individuals who received services during the reporting period.
Enter a value of 1 in each victimization type that applies to the client. An individual MAY be counted in more than one classification.

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:	TOTAL
0	0	0	0	0	0	0	0		0

II. Direct Services

Was the client assisted with a Victim Compensation application during the reporting period?

If yes, enter a value of 1. A client may be counted even if he or she did not submit the application. Simply providing an individual with an application does NOT qualify as assistance.

7. Number of individuals assisted with a victim compensation application during the reporting period: (auto-calculated)

0

A. Information & Referral	A1. Information about the criminal justice process	A2. Information about victim rights, how to obtain notifications, etc.	A3. Referral to other victim service programs	A4. Referral to other services, supports, and resources (includes legal, medical, faith-based organizations, address confidentiality programs, etc.)	B. Personal Advocacy/ Accompaniment	B1. Victim advocacy/accompaniment to emergency medical care	B2. Victim advocacy/accompaniment to medical forensic exam	B3. Law enforcement interview advocacy/accompaniment
Enter a value of 1 if the client received services in this category.	*Enter a value of 1 for each service the client received.*				*Enter a value of 1 if the client received services in this category.*	*Enter a value of 1 for each service the client received.*		
0	0	0	0	0	0	0	0	0

B4. Individual advocacy (assistance in applying for public benefits, return of personal property or effects)	B5. Performance of medical 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 (provided by agency)	B9. Transportation assistance (provided by agency)	B10. Interpreter services	C. Emotional Support or Safety Services	C1. Crisis intervention (in-person, includes safety planning, etc.)
							Enter a value of 1 if the client received services in this category.	*Enter a value of 1 for each ser...*
0	0	0	0	0	0	0	0	0

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. Therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)	C7. Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic meds, durable medical equipment, etc.)	*Enter a value of 1 if the client received services in this category.* D. Shelter/Housing Services	*Enter a value of 1 for each ser* D1. Emergency shelter or safe house
0	0	0	0	0	0	0	0

ice the client received.		Enter a value of 1 if the client received services in this category.	Enter a value of 1 for each service the client received.					
D2. Transitional housing	D3. Relocation assistance	E. Criminal/Civil Justice System Assistance	E1. Notification of criminal justice events (e.g., case status, arrest, court proceedings, case disposition, release, etc.)	E2. Victim impact statement assistance	E3. Assistance with restitution (includes assistance in requesting and when collection efforts are not successful)	E4. Civil legal attorney assistance in obtaining protection or restraining order	E5. Civil legal attorney assistance with family law issues (e.g., custody, visitation, or support)	E6. Other emergency justice-related assistance
0	0	0	0	0	0	0	0	0

E7. Immigration attorney assistance (e.g., special visas, continued presence application, and other immigration relief)	E8. Prosecution interview advocacy/accompaniment (includes accompaniment with prosecuting attorney and with victim/witness)	E9. Law enforcement interview advocacy/accompaniment	E10. Criminal advocacy/accompaniment	E11. Other legal advice and/or counsel
0	0	0	0	0

Subgrantee Annually Reported Outcomes

Although these outcomes are reported only in the final reporting period, gather the following data throughout the fiscal year:

Was the client's request for services unmet because of organizational capacity issues? *If yes, enter a value of 1 below.*	Did the client **receive** a survey? (Includes, but not limited to, those distributed by hand, mail or electronic methods) *If yes, enter a value of 1 below.*	Did the client **complete** a survey? *If yes, enter a value of 1 below.*

10. Number of requests for services that were unmet because of organizational capacity issues: (auto-calculated)	12. Number of surveys distributed: (auto-calculated)	13. Number of surveys completed: (auto-calculated)
0	0	0