

**U.S. Department of Justice**  
**Office on Violence Against Women**  
SEMI-ANNUAL PROGRESS REPORT FOR

**Enhanced Training and Services to End Violence  
and Abuse of Women Later in Life Program**

**Brief Instructions:** This form must be completed for each Enhanced Training and Services to End Violence and Abuse of Women Later in Life Program (Elder Grants Program) grant received. The grant administrator or coordinator must ensure that the form is completed fully with regard to all grant-funded activities. Grant partners, however, may complete sections relevant to their portion of the grant. Grant administrators and coordinators are responsible for compiling and submitting a single report that reflects all information collected from grant partners.

All grantees should read each section to determine which questions they must answer, based on the activities engaged in under this grant during the current reporting period. Sections B and E of this form must be completed by all grantees. In section A, subsection A1 must be completed by all grantees. In section C, subsection C2 must be completed by all grantees. In section D and subsections A2, C1, C3 and C4, grantees must answer an initial question about whether they engaged in certain activities during the current reporting period. If the response is yes, then the grantee must complete that section or subsection. If the response is no, the rest of that section or subsection is skipped.

The activities of volunteers or interns should be reported if they were coordinated or supervised by Elder Grants Program-funded staff or if Elder Grants Program funds substantially supported their activities.

For further information on filling out this form, refer to the separate instructions, which contain detailed definitions and examples, illustrating how questions should be answered.

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**SECTION A1**

## GENERAL INFORMATION

### Grant Information

All grantees must complete this subsection.

1. **Date of report**    (format date with 6 digits - 01/31/09)
2. **Current reporting period**  **January 1-June 30**  **July 1-December 31**  (Year)
3. **Grantee name** \_\_\_\_\_
4. **Grant number** \_\_\_\_\_  
(the federal grant number assigned to your Elder Grants Program grant)
5. **Type of funded organization**  
(Check the one answer that best describes the organization receiving the Elder Grants Program funds.)
  - Domestic violence program
  - Dual sexual assault/domestic violence program
  - Elder services agency
  - Sexual assault program
  - State
  - Tribal government or tribal organization
  - Unit of local government
  - Other (specify):

**5a. Is this a faith-based organization?**

- Yes  No

**6. Point of contact**

(person responsible for the day-to-day coordination of the grant)

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_

Agency/organization name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

E-mail \_\_\_\_\_

**7. Does this Elder Grants Program grant specifically address tribal populations?**

(Check yes if your Elder Grants Program grant focuses on tribal populations, and indicate which tribes or nations you serve or intend to serve.)

- Yes  No **If yes, which tribes / nations:**

**8. What percentage of your Elder Grants Program funds was directed to each of these areas?**  
*(Provide appropriate percentage to reflect the time and/or resources you have devoted to each of these areas during the current reporting period. The total should equal 100%.)*

Throughout this form, the term **sexual assault** includes both assaults committed by offenders who are strangers to the victim/survivor and assaults committed by offenders who are known to, related by blood or marriage to, or in a dating relationship with the victim/survivor. The term **domestic violence/dating violence** applies to any pattern of coercive behavior that is used by one person to gain power and control over a current or former intimate partner or dating partner. **Stalking** is defined as a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress. **Elder abuse** is the physical, sexual, emotional, or financial abuse or neglect or abandonment of an older person by a family member, fiduciary agent, or caregiver.

	Percentage of grant funds	
Sexual assault		%
Domestic violence/dating violence		%
Stalking		%
Elder abuse, neglect, and/or exploitation <sup>1</sup>		%
<b>TOTAL</b> <i>(must equal 100%)</i>	<b>100</b>	%

<sup>1</sup>Include here only abuse, neglect, and/or exploitation by non-intimate partners and non-family members that is not already included under the preceding categories.

**SECTION A2**

## Staff Information

**Were your Elder Grants Program funds used to fund staff positions during the current reporting period?**

Check yes if Elder Grants Program funds were used to pay staff, including part-time staff and contractors.

- Yes—answer question 9  
 No—skip to section B

**9. Staff**

*(Report the total number of full-time equivalent [FTE] staff funded under this grant during the current reporting period. Report staff by function(s) performed, not by title or location. Include employees who are part-time and/or only partially funded with Elder Grants Program funds, as well as consultants/contractors. If an employee or contractor was employed or utilized for only a portion of the reporting period, prorate appropriately. For example, if you hired a full-time victim advocate in October whose salary was 100% funded under the Elder Grants Program, you would report that as .5 FTE. Report all FTEs in decimals, not percentages. One FTE is equal to 1,040 hours—40 hours per week x 26 weeks. See separate instructions for examples of how to calculate FTEs for part-time staff or contractors.)*

Staff	FTE(s)
Administrator ( <i>fiscal manager, executive director</i> )	<input type="text"/>
Counselor	<input type="text"/>
Program coordinator ( <i>training coordinator</i> )	<input type="text"/>
Support staff ( <i>administrative assistant, bookkeeper, accountant</i> )	<input type="text"/>
Trainer	<input type="text"/>
Translator/interpreter	<input type="text"/>
Victim advocate ( <i>non-governmental, includes domestic violence, sexual assault, dual</i> )	<input type="text"/>
Other ( <i>specify</i> ): <input style="width: 400px;" type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

SECTION

# B

## PURPOSE AREAS

All grantees must complete this section.

**10. Purpose areas**

*(Check all purpose areas that apply to activities supported by Elder Grants Program funds during the current reporting period.)*

Check ALL that apply	Program purpose areas
<input type="checkbox"/>	Training programs to assist law enforcement, prosecutors, governmental agencies, victim assistants, and relevant officers of Federal, State, tribal, territorial, and local courts in recognizing, addressing, investigating, and prosecuting instances of elder abuse, neglect, and exploitation, including domestic violence, dating violence, sexual assault, or stalking against victims who are 50 years of age or older.
<input type="checkbox"/>	Providing or enhancing services for victims of elder abuse, neglect, and exploitation, including domestic violence, dating violence, sexual assault, or stalking, who are 50 years of age or older.
<input type="checkbox"/>	Creating or supporting multidisciplinary collaborative community responses to victims of elder abuse, neglect, and exploitation, including domestic violence, dating violence, sexual assault, and stalking, who are 50 years of age or older.
<input type="checkbox"/>	Conducting cross training for victim service organizations, governmental agencies, courts, law enforcement, and nonprofit, nongovernmental organizations serving victims of elder abuse, neglect, and exploitation, including domestic violence, dating violence, sexual assault, and stalking, who are 50 years of age or older.

SECTION **C1**

## FUNCTION AREAS Training

**Were your Elder Grants Program funds used for training during the current reporting period?**

Check yes if Elder Grants Program-funded staff provided training or if grant funds were used to directly support training.

- Yes—answer questions 11-20  
 No—skip to C2

**11. Number of people trained in the mandatory law enforcement training of trainers event**

*(Report the number of people who attended a mandatory training of trainers event provided during the current reporting period by type of organization. For purposes of this reporting form, **training** means providing information on elder abuse, neglect, and exploitation; sexual assault; domestic violence; dating violence; and/or stalking that enables professionals to improve their response to victims/survivors as it relates to their role in the system.)*

Type of organization	Number of people trained
Elder services agency	<input style="width: 100px;" type="text"/>
Law enforcement agency	<input style="width: 100px;" type="text"/>
Prosecutor	<input style="width: 100px;" type="text"/>
Victim service(s) organization	<input style="width: 100px;" type="text"/>
Other (specify): <input style="width: 300px;" type="text"/>	<input style="width: 100px;" type="text"/>
<b>TOTAL</b>	<input style="width: 100px;" type="text"/>

**12. Number of training events provided for law enforcement officers and/or detectives/investigators**

*(Report the total number of mandatory and advanced law enforcement training events supported with Elder Grants Program funds provided to law enforcement officers and detectives/investigators during the current reporting period.)*

Total number of mandatory law enforcement training events provided

Total number of advanced law enforcement training events provided

**13. Number of people trained in the mandatory and/or advanced law enforcement training events**

*(Report the total number of people who attended mandatory and/or advanced law enforcement training events supported with Elder Grants Program funds.)*

People trained	Mandatory training events		Advanced training event
	Four half-day training events	Two full-day training events	
Detectives/investigators	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Law enforcement officers	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
<b>TOTAL</b>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

**14. Number of prosecutors trained in the prosecutors workshop**

*(Report the total number of prosecutors who attended a national prosecutors workshop on elder abuse, neglect, and exploitation.)*

Total number of prosecutors trained

**15. Number of judges trained in the judicial institute**

*(Report the total number of judges who attended a national judicial institute on elder abuse, neglect, and exploitation.)*

Total number of judges trained

**16. Number of people trained in the mandatory direct services training of trainers event**  
*(Report the number of people who attended a mandatory training of trainers event provided during the current reporting period by type of organization. For purposes of this reporting form, **training** means providing information on elder abuse, neglect, and exploitation; sexual assault; domestic violence; dating violence; and/or stalking that enables professionals to improve their response to victims/survivors as it relates to their role in the system.)*

Type of organization	Number of people trained
Elder services agency	<input type="text"/>
Government agency (specify): <input type="text"/>	<input type="text"/>
Prosecutor	<input type="text"/>
Victim service(s) organization	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

**17. Number of people trained in the mandatory local direct services training events provided with Elder Grants Program funds**  
*(Report the total number of people trained at local direct services training events during the current reporting period by type of organization.)*

Type of organization	Number of people trained
Elder services agency	<input type="text"/>
Government agency (specify): <input type="text"/>	<input type="text"/>
Prosecutor	<input type="text"/>
Victim service(s) organization	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

**18. Cross-training events**  
*(Report the total number of cross-training events provided for victim service(s) organizations, governmental agencies, courts, law enforcement, and nonprofit, nongovernmental organizations working with older victims.)*

Total number of cross-training events provided

**19. Number of people trained in the cross-training events supported with Elder Grants Program funds**  
*(Report the total number of people trained in cross-training events during the current reporting period by type of organization.)*

Type of organization	Number of people trained
Courts	<input type="text"/>
Elder services agency	<input type="text"/>
Government agency (specify): <input type="text"/>	<input type="text"/>
Law enforcement	<input type="text"/>
Prosecutor	<input type="text"/>
Victim service(s) organization	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>

**20. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of your training activities funded or supported by your Elder Grants Program grant and to provide any additional information you would like to share about your training activities beyond what you have provided in the data above. An example might include that we held our first cross-disciplinary training to professionals in our community. Attendees stated upon the completion of the training that having the opportunity to receive training across the disciplines allowed them to fully understand the roles that each person can play in addressing elder abuse.) (Maximum - 2000 characters)*





## Coordinated Community Response

All grantees must complete this subsection.

### 21. Coordinated community response activities

(Check the appropriate boxes to indicate the agencies or organizations, even if they are not MOU partners, that you provided onsite consultation to; attended invitational meetings with; engaged in planning, development, and/or implementation of training with; or engaged in partnership, team building, and cross training with during the current reporting period. In the last column, indicate the agencies or organizations with which you have a memorandum of understanding [MOU] for purposes of the Elder Grants Program.)

Agency/Organization	Onsite consultation	Invitational meetings	Planning, development, implementation of training	Partnership, team building and cross training	MOU Partner
<b>Mandatory partnership with:</b>					
Elder program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim service(s) organization (domestic violence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Victim service(s) organization (sexual assault)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Partnership with:</b>					
Advocacy organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Batterer intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community advocacy organization (NAACP, AARP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections (probation, parole, correctional facilities staff)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability advocacy organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial organization (banks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal organization (legal services, bar association, law school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sex offender management/sex offender treatment provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service organization (non-governmental, senior center, fire department)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government/Tribal organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other victim service(s) organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): <input style="width: 250px; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. (Optional) Additional Information**

*(Use the space below to discuss the effectiveness of your CCR activities funded or supported by your Elder Grants Program grant and to provide any information you would like to share about your CCR activities beyond what you have provided in the data above. An example might be improved information to victims who are older regarding community resources and greater coordination between the prosecutor's office and the local victim services agency as a result of meetings between the governmental and non-governmental advocates.) (Maximum - 2,000 characters)*



## Policies

### Were your Elder Grants Program funds used to develop, substantially revise, or implement policies or protocols during the current reporting period?

Check yes if Elder Grants Program-funded staff developed, substantially revised, or implemented policies or protocols, or if Elder Grants Program funds were used to directly support the development, revision, or implementation of policies or protocols.

- Yes—answer questions 23-24  
 No—skip to C4

### 23. Types of protocols and/or policies developed, substantially revised or implemented during the current reporting period (check all that apply.)

#### Victim services

- Appropriate response to underserved populations  
 Appropriate response to victims/survivors with substance abuse issues and/or mental health diagnoses  
 Appropriate response to victims/survivors who are elderly  
 Appropriate response to victims/survivors who have disabilities  
 Confidentiality  
 Mandatory training standards for staff and volunteers  
 Procedures for anonymous, confidential, or Jane Doe reporting of sexual assault  
 Other (specify):

#### Law enforcement

- Appropriate response to underserved populations  
 Appropriate response to victims/survivors who are elderly  
 Appropriate response to victims/survivors who have disabilities  
 Identifying primary aggressor/discouraging dual arrest  
 Immediate access to protection order information  
 Mandatory training on sexual assault, domestic violence/dating violence, and /or stalking  
 No charge to sexual assault victim/survivor for any costs associated with forensic exam  
 No charge to victims/survivors for any costs related to the prosecution of sexual assault, domestic violence/dating violence, and/or stalking  
 No victims/survivors polygraphed  
 Policies to protect victims from internet disclosure of identifying information  
 Procedures for anonymous, confidential, or Jane Doe reporting of sexual assault  
 Protection order enforcement (including full faith and credit)  
 Providing information to victims/survivors about victim services  
 Sexual assault response and protocols  
 Other (specify):

**Prosecution**

- Appropriate response to underserved populations
- Appropriate response to victims/survivors who are elderly
- Appropriate response to victims/survivors who have disabilities
- Mandatory training on sexual assault, domestic violence/dating violence, and/or stalking
- No charge to victims/survivors for any costs related to the prosecution of sexual assault, domestic violence/dating violence, stalking, and/or child sexual abuse
- No victims/survivors polygraphed
- Policies to protect victims from internet disclosure of identifying information
- Protection order enforcement (*including full faith and credit*)
- Sexual assault response and protocols
- Victim-witness notification
- Violation of protection orders
- Other (*specify*):

**Courts**

- Accelerated trial schedules
- Appropriate response to underserved populations
- Appropriate response to victims/survivors who are elderly
- Appropriate response to victims/survivors who have disabilities
- Dedicated domestic violence docket
- Full faith and credit for protection orders
- Immediate access to obtaining protection orders
- Judicial monitoring of sexual assault and/or domestic violence offenders
- Mandatory training on sexual assault, domestic violence, dating violence, and/or stalking
- No charge to victims/survivors for any costs related to the prosecution of sexual assault, domestic violence/dating violence, stalking, and/or child sexual abuse
- Policies to protect victims from internet disclosure of identifying information
- Policy against mutual restraining orders
- Procedures for courtroom security
- Protection order enforcement (*including full faith and credit*)
- Sexual assault response and protocols
- Standard protection order form
- Other (*specify*):

**Probation and parole**

- Appropriate response for cases involving underserved populations
- Appropriate response for cases involving victims/survivors who are elderly
- Appropriate response to victims/survivors who have disabilities
- Mandatory training on sexual assault, domestic violence, dating violence, and/or stalking
- Policies to protect victims from internet disclosure of identifying information
- Strategies to assist and protect victim/survivor during probation and parole
- Victim inclusion in offender supervision planning process/sex offender management
- Victim notification
- Other (*specify*):

**Adult protective services**

- Appropriate services for older adults
- Appropriate services for persons with disabilities
- Appropriate services for underserved populations
- Collaboration with advocacy organizations and the justice system when appropriate
- Policies on information sharing and confidentiality that focuses on victim safety
- Policies on training on elder abuse, domestic abuse and sexual assault
- Policies that allow for and encourage participation in the CCR
- Other (*specify*):

**Aging network**

- Policies on attending training on domestic abuse, elder abuse, and sexual assault
- Policies that allow for and encourage participation in the CCR
- Policies that increase the identification and referral of possible cases of abuse, neglect, and exploitation to adult protective services (APS), law enforcement, and/or advocacy organizations as appropriate
- When appropriate, offering safety planning and information about the dynamics of abuse
- Other (*specify*):

**24. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of policies you have developed or implemented that were funded or supported by your Elder Grants Program grant and to provide any additional information you would like to share about your activities relating to the developing, revising, or implementing of policies beyond what you have provided in the data above. An example might be implementing policies to ensure that mandatory reporting requirements are being met.) (Maximum - 2,000 characters)*



## Products

**Were your Elder Grants Program funds used to develop, substantially revise, or distribute products during the current reporting period?**

Check yes if Elder Grants Program-funded staff developed products or if Elder Grants Program funds directly supported the development, substantial revision, or distribution of products.

- Yes—answer question 25  
 No—skip to section D

**25. Use of Elder Grants Program funds for product development, substantial revision, or distribution**

*(Report the number of products developed, substantially revised, or distributed with Elder Grants Program funds during the current reporting period. Report the number of new products/materials developed or substantially revised during the current reporting period; the title/topic and intended audience of each product developed, substantially revised, or distributed; and the number of products used or distributed. If a product was created in or translated into a language other than English, including Braille, indicate the language. Report on products that were newly developed or revised during the current reporting period, whether or not they were used or distributed, and on products that were previously developed but used or distributed during the current reporting period. Do not report the number of products printed or copied; only report the number developed or revised—in most cases that number will be one for each product described—and/or the number used or distributed. See separate instructions for examples of how to report under “developed or revised” and “used or distributed.”)*

Products	Number developed or revised	Title/topic	Intended audience	Number used or distributed	Other languages
Brochures	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manuals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Training Materials	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



## VICTIM SERVICES

**Were your Elder Grants Program funds used to provide victim services to victims/survivors during the current reporting period?**

Check yes if Elder Grants Program-funded staff provided victim services or if Elder Grants Program funds were used to support victim services during the current reporting period.

- Yes--answer questions 26 - 32
- No--skip to section E

**26. Number of victims/survivors served, partially served, and victims/survivors seeking services who were not served**

*Please do not answer this question without referring to the separate instructions for further explanation and examples of how to distinguish among these categories. (Report the following, to the best of your ability, as an unduplicated count for each category during the current reporting period. This means that each victim/survivor who was seeking or who received services during the current reporting period should be counted only once in that reporting period. For purposes of this question, victims/survivors are those against whom the sexual assault, domestic violence, dating violence, stalking and/or elder abuse, neglect or exploitation was directed. If the victim/survivor experienced more than one victimization, that person should be counted only once under the primary victimization. Do not report secondary victims here.)*

Victims/survivors	Sexual assault	Domestic violence/dating violence	Stalking	Elder abuse, neglect, or exploitation <sup>2</sup>	TOTAL
<b>A. Served:</b> Victims/survivors who received the service(s) they requested, if those services were funded by your Elder Grants Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>B. Partially served:</b> Victims/survivors who received some service(s), but not all of the services they requested, if those services were funded by your Elder Grants Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL SERVED AND PARTIALLY SERVED (26A+26B)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>C. Victims/survivors seeking services who were not served:</b> Victims/survivors who sought services and did not receive the service(s) they were seeking, if those services were funded by your Elder Grants Program	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>2</sup> Include here only abuse, neglect, and/or exploitation by non-intimate partners and non-family members that is not already included under the preceding categories.



**27. Reasons that victims/survivors seeking services were not served or were partially served**

*(Check all that apply.)*

Reasons not served or partially served	
<input type="checkbox"/>	Conflict of interest
<input type="checkbox"/>	Did not meet statutory requirements
<input type="checkbox"/>	Hours of operation
<input type="checkbox"/>	Insufficient/lack of culturally appropriate services
<input type="checkbox"/>	Insufficient/lack of language capacity <i>(including sign language)</i>
<input type="checkbox"/>	Insufficient/lack of services for victim/survivors who have disabilities
<input type="checkbox"/>	Lack of child care
<input type="checkbox"/>	Program reached capacity
<input type="checkbox"/>	Program rules not acceptable to victim/survivor
<input type="checkbox"/>	Program unable to provide service due to limited resources/priority-setting
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with mental health issues
<input type="checkbox"/>	Services inappropriate or inadequate for victims/survivors with substance abuse issues
<input type="checkbox"/>	Services not appropriate for victim/survivor
<input type="checkbox"/>	Services not available for victims/survivors accompanied by male adolescents
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other <i>(specify):</i> <input style="width: 500px;" type="text"/>

**28. Demographics of victims/survivors served or partially served**

(Based on the primary victims/survivors reported in 26A and 26B, report the total numbers for all that apply. Because victims/survivors may identify in more than one category of race/ethnicity, the total for "Race/ethnicity" may exceed the total number of victims/survivors reported in questions 26A and 26B. However, the total number of victims/survivors reported under "Race/ethnicity" should not be less than the total number of victims/survivors reported in questions 26A and 26B. The total number of victims/survivors reported under "Gender" and the total number reported under "Age" should equal the total number of victims/survivors reported in questions 26A and 26B. Those victims/survivors for whom gender, age, and/or race/ethnicity is not known should be reported in the "Unknown" category. Do not report demographics for secondary victims.)

<b>Race/ethnicity</b> (Victims/survivors should not be counted more than once in either the category "American Indian or Alaska Native" or in the category "Native Hawaiian or Other Pacific Islander.")	<b>Number of victims/survivors</b>
American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>
White	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL RACE/ETHNICITY</b> (should not be less than _____, the sum of 26A and 26B)	<input type="text"/>
<b>Gender</b>	<b>Number of victims/survivors</b>
Female	<input type="text"/>
Male	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL GENDER</b> (should equal _____, the sum of 26A and 26B)	<input type="text"/>
<b>Age</b>	<b>Number of victims/survivors</b>
50-59	<input type="text"/>
60-75	<input type="text"/>
76-84	<input type="text"/>
85+	<input type="text"/>
Unknown	<input type="text"/>
<b>TOTAL AGE</b> (should equal _____, the sum of 26A and 26B)	<input type="text"/>
<b>Other demographics</b>	<b>Number of victims/survivors</b>
People with disabilities	<input type="text"/>
People with limited English proficiency	<input type="text"/>
People who are immigrants/refugees/asylum seekers	<input type="text"/>
People who live in rural areas	<input type="text"/>

**29. Victims/survivors' relationship to offender**

*(For those victims/survivors reported as served and partially served in 26A and 26B, report the victim/survivor's relationship to the offender by type of victimization. If a victim/survivor experienced more than one type of victimization and/or was victimized by more than one perpetrator, count the victim/survivor in all categories that apply. The total number of relationships in the sexual assault column must be at least \_\_\_\_\_ ; the total number in the domestic violence/dating violence column must be at least \_\_\_\_\_ ; the total number in the stalking column must be at least \_\_\_\_\_ ; and the total number in the elder abuse, neglect, or exploitation column must be at least \_\_\_\_\_ .)*

Victim/survivor's relationship to offender	Number of victim/survivor relationships by victimization			
	Sexual assault	Domestic violence/dating violence	Stalking	Elder abuse, neglect, or exploitation
Current or former spouse or intimate partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/grandparent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other family or household member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dating relationship	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Aquaintance ( <i>neighbor, employee, co-worker, etc.</i> )	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Stranger	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Patient/client care receiver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TOTAL</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### 30A. Victim services

(Report the number of primary victims/survivors from 26A and 26B who received Elder Grants Program-funded services. Count each victim/survivor only once for each type of service that victim/survivor received during the current reporting period; do not report the number of times that a service was provided to the victim/survivor. The total for each type of service should not be higher than \_\_\_\_\_, the total of 26A and 26B. Shelter services should be reported in question 30B. Do not report secondary victims receiving services.)

Type of service	Number of victims/survivors served
Civil legal advocacy/court accompaniment (Assisting a victim/survivor with civil legal issues, including preparing paperwork for a protection order and accompanying victim/survivor to a protection order hearing, administrative hearing, or other civil court proceeding. Does not include advocacy by attorneys and/or paralegals)	<input type="text"/>
Civil legal assistance (Civil legal services provided by an attorney and/or paralegal)	<input type="text"/>
Counseling/support group (Individual or group counseling or support provided by a volunteer, peer, or professional)	<input type="text"/>
Criminal justice advocacy/court accompaniment (Assisting a victim/survivor with criminal legal issues including notifying the victim/survivor of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a victim/survivor with to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system)	<input type="text"/>
Crisis intervention (Crises intervention is a process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or over the telephone)	<input type="text"/>
Financial counseling (Actions designed to assist those who are having difficulty managing their finances to ensure the proper use of their income/resources and prevent mismanagement and financial exploitation by others)	<input type="text"/>
Forensic exam (Exam conducted by a sexual assault nurse examiner or by a sexual assault forensic examiner)	<input type="text"/>
Hospital/clinic/other medical response (Accompanying a victim/survivor to or meeting a victim/survivor at the hospital, clinic, or medical office)	<input type="text"/>
Language services (Interpretation, translation)	<input type="text"/>
Transportation	<input type="text"/>
Victim/survivor advocacy (Actions designed to assist the victim/survivor in obtaining support, resources, or services, including employment, health care, victim's compensation, etc.)	<input type="text"/>
Other (specify): <input type="text"/>	<input type="text"/>

### 30B. Shelter services

(Report the number of victims/survivors and accompanying family members who received emergency shelter and/or transitional housing provided with Elder Grants Program funds during the current reporting period. This should be an unduplicated count for both victims/survivors and for family members. This means that each victim survivor and each family member who received shelter services during the current reporting period should be counted only once. Report the total number of bed nights provided in emergency shelter and/or transitional housing to victims/survivors and family members. The number of bed nights is computed by multiplying the number of victims/survivors and family members by the number of nights they stayed in the shelter. The number of bed nights will typically be significantly higher than the number of victims/survivors and family members. For example, one victim and her three children all stayed in the shelter for 10 nights. The number of bed nights would be 4 multiplied by 10, or 40.)

Shelter service	Number of victims/survivors	Number of family members	Number of bed nights
Emergency shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transitional housing	<input type="text"/>	<input type="text"/>	<input type="text"/>

**30C. Hotline calls**

*(Report the number of hotline calls received from victims/survivors, and the total number of hotline calls received, on phone lines paid for with Elder Grants Program funds or answered by Elder Grants Program-funded staff during the current reporting period. Victims/survivors whose calls are reported here should not be reported as victims served in question 26 unless they also received at least one of the services listed in question 30A Victim services or question 30B Shelter services. Victims/survivors who receive services such as crisis intervention or victim advocacy over the telephone, in addition to basic hotline information and/or referrals, should also be reported in question 30A. Hotline calls that include victim advocacy or crisis intervention services are those that require more time than the average call and involve a more intensive focus on the immediate needs and situation of the victim. For examples of when to report only the hotline call and when to report both the hotline call and a service or services in question 30A, see separate instructions.)*

Type of service	Number of calls from victims/survivors	Total number of calls
Hotline calls (Crisis or information and referral calls received by an agency's hotline or office telephone)	<input type="text"/>	<input type="text"/>

**30D. Victim-witness notification/outreach to victims/survivors**

*(Report the number of unsolicited letters, phone calls, or visits to victims/survivors of specific incidents of sexual assault, domestic violence, dating violence, stalking, or elder abuse, neglect, or exploitation identified in police reports or court documents, informing them of services and/or providing information about the criminal justice system. Victims/survivors who are the recipients of these notifications/outreach activities should not be reported as victims served in question 26 unless they also received at least one of the services reported in question 30A Victim services or question 30B Shelter services. Victims who receive services such as criminal justice advocacy over the telephone should be reported in question 30A.)*

Type of service	Number of notification/outreach activities to victims/survivors
Victim-witness notification/outreach to victims/survivors (unsolicited letters, phone calls, or visits)	<input type="text"/>

**31. Protection orders**

*(Report the total number of temporary and/or final protection orders requested and granted for which Elder Grants Program-funded victim services staff provided assistance to victims/survivors during the current reporting period. These orders may also be referred to as protection from abuse, protection from harassment or anti-harassment orders, restraining orders, or no-contact or stay-away orders.)*

Sexual assault protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

Domestic violence/dating violence protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

Stalking protection orders	Temporary orders	Final orders
Number requested	<input type="text"/>	<input type="text"/>
Number granted	<input type="text"/>	<input type="text"/>

**32. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of victim services funded or supported by your Elder Grants Program grant and to provide any additional information you would like to share about your victim services activities beyond what you have provided in the data above. An example might include that your agency, as a result of Elder Grants Program funding, was able to provide medical accompaniment to an increased percentage of sexual assault survivors. This resulted in a higher percentage of victims also seeking additional support services.) (Maximum - 2,000 characters)*

SECTION  
**E**

## NARRATIVE

**All grantees must answer question 33.**

**Please limit your responses to the space provided.**

**33. Report on the status of your Elder Grants Program grant goals and objectives for the current reporting period.**

*(Report succinctly on the status of the goals and objectives for your grant as of the end of the current reporting period, as they were identified in your grant proposal or as they have been added or revised. Indicate whether the activities related to your objectives for the current reporting period have been completed, are in progress, are delayed, or have been revised. Comment briefly on your successes and challenges, and provide any additional explanation you feel is necessary for us to understand what you have or have not accomplished relative to your goals and objectives. If you have not accomplished objectives that should have been accomplished during the current reporting period, you must provide an explanation.)*

**All grantees must answer questions 34 and 35 on an annual basis. Submit this information on the January to June reporting form only.**

**Please limit your responses to the space provided. (8,000 characters)**

**34. What do you see as the most significant areas of remaining need, with regard to obstacles faced by individuals who are older?**

*(Consider the following issues among others: responsiveness of the criminal justice system at the local, state, and federal levels to people/individuals who are older; cross-training of elder advocates and sexual and domestic violence advocates; community, regional, or state-based issues; particular racial, ethnic, cultural, or social issues that need to be addressed in training.)*

**35. What has Elder grants Program funding allowed you to do that you could not do prior to receiving this funding?**

*(For example, expand training to new law enforcement jurisdictions; conduct outreach to older victims.)*

**Questions 36 and 37 are optional.**

**Please limit your responses to the space provided. (8,000 characters)**

**36. Provide any additional information that you would like us to know about your Elder Grants Program and/or the effectiveness of your grant.**

*(If you have any other data or information that you have not already reported in answer to previous questions that demonstrate the effectiveness of your Elder Grants Program-funded program, please provide it below.)*

**37. Provide any additional information that you would like us to know about the data submitted.**

*(If you have any information that could be helpful in understanding the data you have submitted in this report, please answer this question. For example, if you submitted two different progress reports for the same reporting period, you may explain how the data was apportioned to each report; or if you funded staff — e.g., victim advocates, law enforcement officers, etc., — but did not report any corresponding victim services or law enforcement activities, you may explain why; or if you did not use program funds to support either staff or activities during the reporting period, please explain how program funds were used, if you have not already done so.)*

### Public Reporting Burden

**Paperwork Reduction Act Notice.** Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. The estimated average time to complete and file this form is 60 minutes per form. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Office on Violence Against Women, U.S. Department of Justice, 800 K Street, NW, Washington, DC 20531.



Report on the status of your Elder Grants Program grant goals and objectives for the current reporting period.

**Question #33**

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input style="width: 90%;" type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input style="width: 90%;" type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

Report on the status of your Elder Grants Program grant goals and objectives for the current reporting period.

**Question #33 (cont.)**

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

Report on the status of your Elder Grants Program grant goals and objectives for the current reporting period.


**Question #33** (cont. 2)

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	

<b>Goals/Objectives (1,750 characters)</b>	<b>Status</b> <input type="text"/>
<b>Key Activities (1,750 characters)</b>	
<b>Comments (500 characters)</b>	


What do you see as the most significant areas of remaining need, with regard to obstacles faced by individuals who are older?

**Question #34**




What do you see as the most significant areas of remaining need, with regard to obstacles faced by individuals who are older?

**Question #34** (cont.)




What has Elder Grants Program funding allowed you to do that you could not do prior to receiving this funding?

**Question #35**



What has Elder Grants Program funding allowed you to do that you could not do prior to receiving this funding?

**Question #35** (cont.)



Provide any additional information that you would like us to know about your Elder Grants Program grant and/or the effectiveness of your grant.

**Question #36**



Provide any additional information that you would like us to know about your Elder Grants Program grant and/or the effectiveness of your grant.

**Question #36** (cont.)

Provide any additional information that you would like us to know about the data submitted.

**Question #37**

Provide any additional information you would like us to know about the data submitted.

**Question #37** (cont.)

[Empty response box]

Use this form for the July - December Reporting Period