

U.S. Department of Justice
Office on Violence Against Women
SEMI-ANNUAL PROGRESS REPORT FOR
Transitional Housing Assistance
Grant Program

Brief Instructions: This form must be completed for each Transitional Housing Assistance Grant Program (Transitional Housing Program) grant received. The grant administrator or coordinator must ensure that the form is fully completed. 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 supported under this grant during the current reporting period. Sections B and E of this form must be completed by all grantees. Subsections A1 and C1 must be answered by all grantees. In section D, and subsections A2, A3, C2, and C3, grantees must answer an initial question about whether they supported 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.

For example, 1) if you are an organization using Transitional Housing Program funds to provide services through grant-funded staff, you would complete A, B, C1, D, and E (and answer 'no' in C2 and C3); or 2) if you are an organization using Transitional Housing Program funds solely for staff to participate in your local continuum of care, you would complete A, B, C1, and E (and answer 'no' in C2, C3, and D).

The activities of volunteers or interns may be reported if they are coordinated or supervised by Transitional Housing Program-funded staff or if Transitional Housing Program funds substantially support their activities.

For further information on filling out this form, refer to the separate instructions, which contains 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 - 01/31/07)
- 2. **Current reporting period** January 1-June 30 July 1-December 31 (Year)
- 3. **Grantee name** _____
- 4. **Grant number** _____
- 5. **Type of funded organization**
(Check all that apply to describe the organization receiving the Transitional Housing Program grant.)
 - Domestic violence program
 - Sexual assault program
 - State government agency (e.g., Department of Health and Human Services, state housing authority)
 - Tribal government
 - Unit of local government
 - Other non-profit community-based organization
 - 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 grant specifically address tribal populations?

(Check yes if your Transitional Housing 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 Transitional Housing Program grant was directed to each of these areas?
(Report the area[s] addressed by your Transitional Housing Program grant during the current reporting period and estimate the approximate percentages of funds [or resources] used to address each area [consider training, victim services, etc.]. The grantee may choose how to make this determination.)

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. *(See separate instructions for more complete definitions.)*

	Percentage of grant funds
Sexual assault	<input type="text"/>
Domestic violence/dating violence	<input type="text"/>
Stalking	<input type="text"/>
TOTAL (must equal 100%)	100%

SECTION A2

Program Description

Were Transitional Housing Program funds used to support housing units?

Check yes if Transitional Housing Program funds were used to support housing units. Housing units refer to program-owned units, program-rented units, and units paid for with vouchers or rent subsidies.

- Yes—answer questions 9-10
 No—skip to A3

9. Type and number of housing units funded

(Report the number and type of housing units supported with Transitional Housing Program funds. See the separate set of instructions for definitions.)

Type of housing units	Number of units/vouchers		
	Program-owned units	Program-rented units	Vouchers/rent subsidies
Scattered	<input type="text"/>	<input type="text"/>	<input type="text"/>
Clustered	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-located with domestic violence emergency shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Co-located with homeless emergency shelter	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Number of units that are accessible to people with disabilities

(Report the number and type of housing units supported with grant funds that are accessible to people with disabilities. See the separate set of instructions for definitions.)

Type of housing units	Number of units accessible to people with disabilities
Scattered	<input type="text"/>
Clustered	<input type="text"/>
Co-located with domestic violence emergency shelter	<input type="text"/>
Co-located with homeless emergency shelter	<input type="text"/>
Other (specify)	<input type="text"/>
TOTAL	<input type="text"/>

SECTION A3

Staff Information

Were Transitional Housing Program grant funds used to fund staff positions during the current reporting period?

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

- Yes—answer question 11
- No—skip to section B

11. Staff

(Report the total number of full-time equivalent [FTE] staff funded by the Transitional Housing Program grant during the current reporting period. Report staff by functions performed, not by title or location. Include employees who are part-time and/or only partially funded with these grant 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 administrator in October who was 100% funded with Transitional Housing Program funds, 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.)

Staff	FTE(s)
Administrator (<i>fiscal manager, executive director</i>)	<input type="text"/>
Attorney	<input type="text"/>
Case manager	<input type="text"/>
Child advocate/counselor	<input type="text"/>
Child care worker	<input type="text"/>
Counselor (<i>mental health, substance abuse</i>)	<input type="text"/>
Driver/transportation provider	<input type="text"/>
Facilities/operations staff (<i>property manager, janitorial, maintenance</i>)	<input type="text"/>
Housing advocate	<input type="text"/>
Information technology staff	<input type="text"/>
Legal advocate (<i>does not include attorney</i>)	<input type="text"/>
Program coordinator (<i>volunteer coordinator, transitional housing manager</i>)	<input type="text"/>
Security staff	<input type="text"/>
Support staff (<i>administrative assistant, bookkeeper, accountant</i>)	<input type="text"/>
Transitional services advocate (<i>e.g., job training, financial counselor, life skills</i>)	<input type="text"/>
Translator/interpreter	<input type="text"/>
Victim advocate (<i>non-governmental, includes domestic violence, sexual assault, and dual</i>)	<input type="text"/>
Other (<i>specify</i>): <input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>

SECTION B

PROGRAM AREAS
 All grantees must complete this section.

12. Program purpose areas

(Check all the program areas that apply to activities supported with Transitional Housing Program funds during the current reporting period.)

Check ALL that apply	Purpose Area
<input type="checkbox"/>	Provide transitional housing, including funding for the operating expenses of newly developed or existing transitional housing.
<input type="checkbox"/>	Provide short-term housing assistance, including rental or utilities payments assistance and assistance with related expenses such as payment of security deposits and other costs incidental to relocation to transitional housing.
<input type="checkbox"/>	Provide support services designed to enable individuals who are fleeing domestic violence, dating violence, sexual assault, or stalking to locate and secure permanent housing and integrate into a community by providing those individuals with services such as transportation, counseling, child care services, case management, employment counseling, and other assistance.

13. Areas of special interest

(In addition to the program areas identified above, the Transitional Housing Program Grant Application and Program Guidelines identified several areas of special interest. If your program addressed any of these special interest areas during the current reporting period, list them below.)

SECTION C1

FUNCTION AREAS
Coordinated Community Response

All grantees must complete this subsection.

14. Coordinated community response (CCR) activities during the current reporting period
 (Check the appropriate boxes to indicate the agencies or organizations, even if the are not memorandum of understanding [MOU] partners, that you provided victim/survivor referrals to, received victim/survivor referrals from, engaged in consultation with, provided technical assistance to, and/or attended meetings with, during the current reporting period, according to the usual frequency of the interactions. If the interactions were not part of a regular schedule, you will need to estimate the frequency with which these interactions occurred during the current reporting period. Do not report "task force" in the "Other" category. If Transitional Housing Program-funded staff participated in a task force or work group, indicate that under "Meetings" by checking the frequency of the meetings and the types of organizations participating. In the last column, indicate the agencies or organizations with which you have an MOU for the purposes of the Transitional Housing Program grant.)

Agency/organization	Victim/survivor referrals, consultations, technical assistance			Meetings			MOU Partner
	Daily	Weekly	Monthly	Weekly	Monthly	Quarterly	
Advocacy organization (Tenants rights, NAMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts organization/association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Banks/finance institutions	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrections (probation, parole and correctional facility staff)	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational institution/organization	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government agency (HUD, DHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/mental health organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness/housing organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law enforcement agency	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecutor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public housing providers (local PHAs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private housing providers/developers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real estate agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual assault organization	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social service organization (non-governmental)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tribal government/Tribal government agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit of local government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. (Optional) Additional information

(Use the space below to discuss the effectiveness of your CCR activities funded or supported by your Transitional Housing Program grant and to provide any additional information you would like to share about your CCR activities beyond what you have provided in the data above. An example might include an improved process for survivors to be considered for Section 8 housing in your community as a result of meetings between advocates and the Public Housing Office.) (Maximum - 2000 characters)

SECTION C2

Accessibility and Security

Were your Transitional Housing Program funds used for accessibility and/or security during the current reporting period?

Check yes if Transitional Housing Program funds directly supported the enhancement of program accessibility and/or security (*interpreters, security equipment*).

- Yes—answer question 16
- No—skip to C3

16. Use of Transitional Housing Program funds for accessibility and security

(Check all that apply.)

	Victim services	Housing
TDD/TTY	<input type="checkbox"/>	<input type="checkbox"/>
Cell phones	<input type="checkbox"/>	<input type="checkbox"/>
Interpreters	<input type="checkbox"/>	<input type="checkbox"/>
Language lines	<input type="checkbox"/>	<input type="checkbox"/>
Translation of forms and documents	<input type="checkbox"/>	<input type="checkbox"/>
Secured or monitored entrances	<input type="checkbox"/>	<input type="checkbox"/>
Metal detectors	<input type="checkbox"/>	<input type="checkbox"/>
Security systems (<i>alarms</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Security personnel/guards	<input type="checkbox"/>	<input type="checkbox"/>
Security cameras	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>):	<input type="checkbox"/>	<input type="checkbox"/>



Policies

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

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

- Yes—answer questions 17-19
- No—skip to section D

17. 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 who are elderly or have disabilities
- Confidentiality
- Mandatory training standards for staff and volunteers
- Staff, board, and/or volunteers represent the diversity of your service area
- Victim/survivor safety
- Other (specify):

Transitional housing rules

- Confidentiality
- Eligibility requirements (victim/survivor in need of housing as a result of domestic violence/dating violence)
- Escrow accounts
- Length of stay
- Rent & utility payment structure
- Resident rules (visitors, child supervision)
- Other (specify):

Security and safety

- Disaster response
- Emergency incident response
- Facility security
- Technology security
- Other (specify):

Capacity building

- Coordinated community response
- Program advisory committees
- Resident leadership/advisory committees
- Technology
- Victim/survivor input into service delivery and policies
- Other (specify):

18. Have you received technical assistance in the development of these policies?

- Yes
- No

19. (Optional) Additional information

*(Use the space below to discuss the effectiveness of policies funded or supported by your Transitional Housing Program grant that you have developed or implemented 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 include a change in policy establishing mandatory training for all volunteers resulting in consistency of approach to all clients.)
(Maximum - 2000 characters)*

SECTION D

SERVICES

Were your Transitional Housing Program funds used to provide services to victims/survivors, children and other dependents?

Check yes if Transitional Housing Program-funded staff provided services or if Transitional Housing Program funds were used to support services during the current reporting period. Report all victims/survivors, children, and other dependents served, partially served, and not served, and services provided with Transitional Housing Program funds. See the separate instructions for the definitions of Children and Other Dependents.

- Yes—answer questions 20-38
- No—skip to section E

20. Number of victims/survivors, children and other dependents served, partially served, and those 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, for example, that each victim/survivor who sought or received services during the current reporting period should be counted only once during the current reporting period. For purposes of this question, victims/survivors are those against whom the domestic violence, dating violence, sexual assault, or stalking is directed.)

	Victims/ survivors	Children	Other dependents
A. Served: People who received the service(s) they requested, if those services were provided under your Transitional Housing Program grant	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Partially served: People who received some service(s), but not all of the services they requested, if those services were provided under your Transitional Housing Program grant	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL SERVED AND PARTIALLY SERVED (20A + 20B)	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. People seeking services who were not served: People who sought services and did not receive the service(s) they were seeking, if those services were provided under your Transitional Housing Program grant	<input type="text"/>	<input type="text"/>	<input type="text"/>

21. Number of victims/survivors, children and other dependents not served or partially served solely due to lack of available housing: (This question should only be completed by grantees who are using funds to provide housing units as described in question 9.)

(Of the victims/survivors, children and other dependents that were reported in 20B and 20C, report those that were partially served or not served due solely to a lack of available housing. The total reported for the three categories should not exceed the total of 20B and 20C.)

Number partially served or not served due solely to lack of available housing	
Victims/survivors	<input type="text"/>
Children	<input type="text"/>
Other dependents	<input type="text"/>
TOTAL	<input type="text"/>

22. Other reasons those victims/survivors, children and other dependents seeking services were not served or were partially served

(For those people reported in 20B and 20C, indicate the reasons, other than lack of available housing, they were partially served or not served. Check all that apply.)

Other reasons not served or partially served	
<input type="checkbox"/>	Conflict of interest
<input type="checkbox"/>	Did not meet statutory requirements (<i>local or state statutes or program rules; this does not refer to OVW requirements</i>)
<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 people with disabilities
<input type="checkbox"/>	Program reached capacity
<input type="checkbox"/>	Program rules not acceptable to party(ies)
<input type="checkbox"/>	Safety/security risk (<i>due to offender's behavior</i>)
<input type="checkbox"/>	Services inappropriate or inadequate for people with mental health issues
<input type="checkbox"/>	Services inappropriate or inadequate for people with substance abuse issues
<input type="checkbox"/>	Services not appropriate for party(ies)
<input type="checkbox"/>	Services not available for party(ies) based on family composition
<input type="checkbox"/>	Transportation
<input type="checkbox"/>	Other (<i>specify</i>): <input type="text"/>

23. Demographics of victims/survivors, children, and other dependents served or partially served

(For those people reported in 20A and 20B, report on the demographics of victims/survivors, children, and other dependents. Provide the total numbers for all that apply. Because victims/survivors, children, and other dependents may identify in more than one category of race/ethnicity, the total for "Race/ethnicity" may exceed the total number of victims/survivors, children, and other dependents reported in 20A and 20B. However, the total number of victims/survivors, children, and other dependents reported under "Race/ethnicity" should not be less than the total number of victims/survivors, children, and other dependents reported in 20A and 20B. Those victims/survivors, children, and other dependents for whom gender, age, and/or race/ethnicity are not known should be reported in the "Unknown" category.)

Race/ethnicity (individuals 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")	Victims/survivors	Children	Other dependents
Black or African American	<input type="text"/>	<input type="text"/>	<input type="text"/>
American Indian or Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic or Latino	<input type="text"/>	<input type="text"/>	<input type="text"/>
White	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL RACE/ETHNICITY	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender	Victims/survivors	Children	Other dependents
Female	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL GENDER	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age	Victims/survivors	Children	Other dependents
0-6	<input type="text"/>	<input type="text"/>	<input type="text"/>
7-12	<input type="text"/>	<input type="text"/>	<input type="text"/>
13-17	<input type="text"/>	<input type="text"/>	<input type="text"/>
18-24	<input type="text"/>	<input type="text"/>	<input type="text"/>
25-59	<input type="text"/>	<input type="text"/>	<input type="text"/>
60+	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unknown	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL AGE	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other demographics	Victims/survivors	Children	Other dependents
People with disabilities	<input type="text"/>	<input type="text"/>	<input type="text"/>
People with limited English proficiency	<input type="text"/>	<input type="text"/>	<input type="text"/>
People who are immigrants/refugees/asylum seekers	<input type="text"/>	<input type="text"/>	<input type="text"/>
People who live in rural areas	<input type="text"/>	<input type="text"/>	<input type="text"/>

24. Victims/survivors' relationship to offender

(For those victims/survivors reported in 20A and 20B, report the relationship of the victim/survivor to the offender. Count the relationship to each offender for victims/survivors who were victimized by more than one perpetrator. The number of victims/survivors reported here may total more than ; the sum of 20A and 20B.)

Relationship to offender	Number of victims/survivors
Current or former spouse or intimate partner	<input type="text"/>
Other family or household member (in-law, sibling, grandparent, roommate, etc.)	<input type="text"/>
Acquaintance	<input type="text"/>
Current or former dating relationship	<input type="text"/>
Stranger	<input type="text"/>
Relationship unknown	<input type="text"/>
TOTAL	<input type="text"/>

25. Transitional housing nights of shelter

(For those victims/survivors, children, and other dependents reported in 20A and 20B, report the number who received housing services provided with Transitional Housing Program funds during the current reporting period. **Do not count those victims/survivors, children, and other dependents who received housing through a voucher or other rental assistance.** This should be an unduplicated count for victims/survivors, children, and for other dependents; each victim/survivor, each child, and each dependent who received transitional housing services during the current reporting period should be counted only once. Report the total number of bed nights provided in transitional housing to victims/survivors, children, and other dependents. Bed nights are determined by multiplying the total number of nights that each victim/survivor, child, and dependent stays in the housing unit by the number of victims/survivors, children, and dependents served. See separate set of instructions for examples on how to calculate bed nights.)

Transitional Housing	Victims/ survivors	Children	Other dependents
Number of people	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of bed nights	<input type="text"/>	<input type="text"/>	<input type="text"/>

26. Housing assistance

(For those victims/survivors reported in 20A and 20B, report the number provided with each of type of financial housing assistance during the current reporting period. Each person may be counted once for each type of housing assistance they received during the current reporting period. See separate set of instructions for examples.)

Type of service	Total cost	Number of victims/survivors	Total number of months
Household furnishings (purchased with grant funds)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rent subsidy/voucher	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relocation expenses	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rental unit fees (security deposit, application fees, credit report fees)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Utilities (including electricity, heat, telephone)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify):	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

27. (Optional) Additional information

*(Use the space below to discuss the effectiveness of housing assistance funded or supported by your Transitional Housing Program grant. An example might include a housing assistance package given to victims/survivors as they move into a new rental unit which includes a voucher for the first month's rent, and all-inclusive up-front coverage of rental unit fees including the security deposit and credit report fee, resulting in a significantly larger number of victims/survivors living independently.)
(Maximum - 2000 characters)*

28. Support services

(For those victims/survivors, children and other dependents reported in 20A and 20B, report the number who received each of these support services during the current reporting period, excluding those who received these services via vouchers. Each person may be counted more than once, if they received more than one type of support service during the current reporting period. However, each person should only be counted once within each type of service received during the current reporting period. See separate instructions for examples.)

Type of service	Number of victims/survivors	Number of children	Number of other dependents
Case management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child care	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children's activities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Civil legal advocacy/court accompaniment (Assisting a victim/survivor with legal issues including preparing paperwork for protection orders, accompanying a victim/survivor to a protection order hearing or other civil proceeding, and all other advocacy within the civil justice system)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Civil legal assistance (Civil legal services provided by an attorney)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counseling/support group (Individual or group counseling or support provided by a volunteer, peer, or professional)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Criminal justice advocacy/court accompaniment (Assisting a victim/survivor with criminal legal issues including preparing paperwork such as victim impact statements, accompanying a victim/survivor to a criminal court proceeding or law enforcement interview, and all other advocacy within the criminal justice system)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crisis intervention (Crisis 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"/>	<input type="text"/>	<input type="text"/>
Education (GED, primary, secondary)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housing advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leadership development opportunities (peer mentorship, resident advisory board)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material assistance (including clothing, food, and personal items)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Translation and interpretation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation (Direct provision of transportation, including vehicle maintenance)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other victim/survivor advocacy (Actions designed to help the victim/survivor obtain other resources or services including health care, social services, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify):	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

29. (Optional) Additional information

(Use the space below to discuss the effectiveness of support services funded or supported by your Transitional Housing Program grant and to provide any additional information you would like to share about your activities related to support services beyond what you have provided in the data above. An example might include the implementation of a peer mentoring program resulting in increased participation by residents in project activities.) (Maximum - 2000 characters)

30. Vouchers for support services

*(Please indicate the types of service for which you provide vouchers. The term **voucher** refers to a coupon or other means whereby a client can receive the designated service or specific item [i.e. food bank voucher, child care voucher, and voucher for clothes]. The key factor as to whether something qualifies as a voucher is the client's ability to independently choose the service/item. Support services provided directly to victims/survivors by Transitional Housing Program funded staff should be reported in question 28. See separate instructions for examples.)*

- Child care
- Clothing
- Counseling/support group
- Food
- Household furnishings
- Telephone (phone cards)
- Transportation (including gas vouchers or cards; subway/bus cards)
- Other (do not include housing vouchers here) (specify):

31. Transitional housing and destination upon exit (questions 31-38 should only be completed by those grantees who are using funds to support housing units as described in question 9)

(For those victims/survivors reported in 20A and 20B, report the number of victims/survivors in each destination category upon their exit from your Transitional Housing Program during the current reporting period. Only report victims/survivors who exited because they either reached the maximum time allowed in the program or the program services were no longer required or desired. This should be an unduplicated count.)

Destination upon exit	Number of victims/survivors
Domestic violence emergency shelter	<input type="text"/>
Health care facility/substance abuse treatment program (physical or mental health treatment)	<input type="text"/>
Homeless emergency shelter	<input type="text"/>
Hotel or motel	<input type="text"/>
Incarceration/jail	<input type="text"/>
Permanent housing of choice (e.g., Section 8, return to home, rent, or purchase housing)	<input type="text"/>
Temporary housing with family or friends	<input type="text"/>
Transitional housing (other than your grant-funded program)	<input type="text"/>
Unknown	<input type="text"/>
Other (specify): <input style="width: 300px;" type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>

32. Victim/survivor perception of risk of violence upon exit

(Report the number of victims/survivors who indicated each of the following perceptions about their risk of future violence from their batterer, at the time the victim/survivor exited the program. Indicate whether the victim/survivor felt she/he was at equal risk of violence, less risk of violence, or greater risk of violence compared to the risk of violence when she/he first sought services. The total responses to this question should equal the total number of victims/survivors reported in question 31.)

Greater risk of violence	Equal risk of violence	Lower risk of violence	Does not know	Unknown (e.g., did not ask victim/survivor)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

33. Length of stay/exited

(For victims/survivors, children, and other dependents who exited your grant-funded transitional program during this reporting period, report the number of months each person stayed in your housing program. This should be an unduplicated count. See the separate set of instructions for examples.)

Number of months	Victims/survivors	Children	Other dependents	Number of months	Victims/survivors	Children	Other dependents
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

34. Reason for termination and destination upon termination

(For those victims/survivors reported in 20A and 20B, report the number of victims/survivors who identified their destinations upon their termination from your transitional housing program during the current reporting period. Only report victims/survivors who were terminated before they reached maximum time allowed in your program and who still required or desired program services. This should be an unduplicated count. Non-compliance with program rules is applicable only to program-managed housing; violation of lease agreement is applicable only to non-program managed housing. See separate set of instructions for definitions and examples.)

Destination upon termination	Reason for termination			
	Chronic non-payment of rent	Non-compliance with program rules (excluding non-payment of rent)	Violation of lease agreement	Other
Domestic violence emergency shelter				
Health care facility/substance abuse treatment program (physical or mental health treatment)				
Homeless emergency shelter				
Hotel or motel				
Incarceration/jail				
Permanent housing of choice (Section 8, return to home, rent, or purchase housing)				
Temporary housing with family or friends				
Transitional housing (other than your grant-funded program)				
Unknown				
Other (specify):				

35. Length of stay/terminated

(For victims/survivors, children, and other dependents who were terminated from your grant-funded transitional program during this reporting period, report the number of months each person stayed in your housing program. This should be an unduplicated count. See the separate instructions for examples.)

Number of months	Victims/survivors	Children	Other dependents	Number of months	Victims/survivors	Children	Other dependents
1				16			
2				17			
3				18			
4				19			
5				20			
6				21			
7				22			
8				23			
9				24			
10				25			
11				26			
12				27			
13				28			
14				29			
15				30			

36. Follow-up services

(If your grant-funded program provides follow-up services to victims/survivors, children, and other dependents that exited or completed the program, check yes and indicate the number of months follow-up services may be provided. If you check yes, answer question 37.)

- Yes Number of months:
- No

37. Follow-up support services

(For those victims/survivors, children, and other dependents who exited, completed or were terminated from the residential component of the program, report the number who received each of these follow-up support services during the current reporting period. Each person may be counted more than once, if they received more than one type of support service during the current reporting period. However, each person should only be counted once within each type of service received during the current reporting period. See separate instructions for examples.)

Type of service	Number of victims/survivors	Number of children	Number of other dependents
Case management	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child care	<input type="text"/>	<input type="text"/>	<input type="text"/>
Children's activities	<input type="text"/>	<input type="text"/>	<input type="text"/>
Civil legal advocacy/court accompaniment (Assisting a victim/survivor with legal issues including preparing paperwork for protection orders, accompanying a victim/survivor to a protection order hearing or other civil proceeding; and all other advocacy within the civil justice system)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Civil legal assistance (Civil legal services provided by an attorney)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Counseling/support group (Individual or group counseling or support provided by a volunteer, peer, or professional.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Criminal justice advocacy/court accompaniment (Assisting a victim/survivor with criminal legal issues including preparing paperwork such as victim impact statements, accompanying a victim/survivor to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crisis intervention (Crisis 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"/>	<input type="text"/>	<input type="text"/>
Education (GED, primary, secondary)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>
Financial counseling	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housing advocacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job training	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leadership development opportunities (e.g., peer mentorship)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Material assistance (including clothing, food, and personal items)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Translation and interpretation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation (Direct provision of transportation, including vehicle maintenance)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other victim/survivor advocacy (Actions designed to help the victim/survivor obtain other resources or services including social services, etc.)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (specify):	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>	<input type="text"/>

38. (Optional) Additional information

(Use the space below to discuss the effectiveness of your follow-up services funded or supported by your Transitional Housing Program grant and to provide any additional information you would like to share about your activities beyond what you have provided in the data above. An example might include that your agency, as a result of Transitional Housing Program funding, was able to provide employment support groups and one-on-one employment counseling. This resulted in a significant rise in victims/survivors obtaining jobs within six months of exiting the program.) (Maximum - 2000 characters)

SECTION
E

NARRATIVE

All grantees must answer question 39.

Please limit your responses to the space provided.

39. Report on the status of your Transitional Housing Program grant goals and objectives as of the end of the current reporting period.

(Report 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 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 40 and 41 on an annual basis. Submit responses on the January to June reporting form only.

Please limit your response to 8,000 characters (approximately two pages of continuous single-spaced text in Times New Roman 12 pt. font, one-inch margins).

40. What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors, increasing victim/survivor safety, access to permanent housing of choice, and economic self-sufficiency?

(Consider geographic regions, availability of safe, affordable housing and/or employment opportunities, underserved populations, service delivery systems, and challenges and barriers.)

41. What has the Transitional Housing Program funding allowed you to do that you could not do prior to receiving this funding?

(provide housing, expand coordination and collaboration with housing developers, develop best practice service delivery policies, etc.)

Questions 42 and 43 are optional.

Please limit your response to 8,000 characters (approximately two pages of continuous single-spaced text in Times New Roman 12 pt. font, one-inch margins).

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

(If you have not already done so elsewhere on this form, feel free to discuss any of the following: change in the development/availability of housing units; community collaboration; the removal or reduction of barriers and challenges for victims/survivors; evaluation of program services and policies through customer satisfaction surveys and exit interviews; and, positive or negative unintended consequences.)

43. 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– but did not report any corresponding 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.

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #39**

Goals/Objectives (1,750 characters)	Status <input type="text"/> (100 characters)
Key Activities (1,750 characters)	
Comments (500 characters)	
Goals/Objectives	Status <input type="text"/>
Key Activities	
Comments	

Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #39 (cont. 1)**

Goals/Objectives	Status <input type="text"/>
Key Activities	
Comments	
Goals/Objectives	Status <input type="text"/>
Key Activities	
Comments	


Describe your goals and objectives, as outlined in your grant proposal, or as revised - **Question #39 (cont. 2)**

Goals/Objectives	Status <input type="text"/>
Key Activities	
Comments	
Goals/Objectives	Status <input type="text"/>
Key Activities	
Comments	

What do you see as the most significant areas of remaining need, with regard to increasing victim/survivor safety, access to permanent housing of choice, and economic self-sufficiency? - **Question #40**



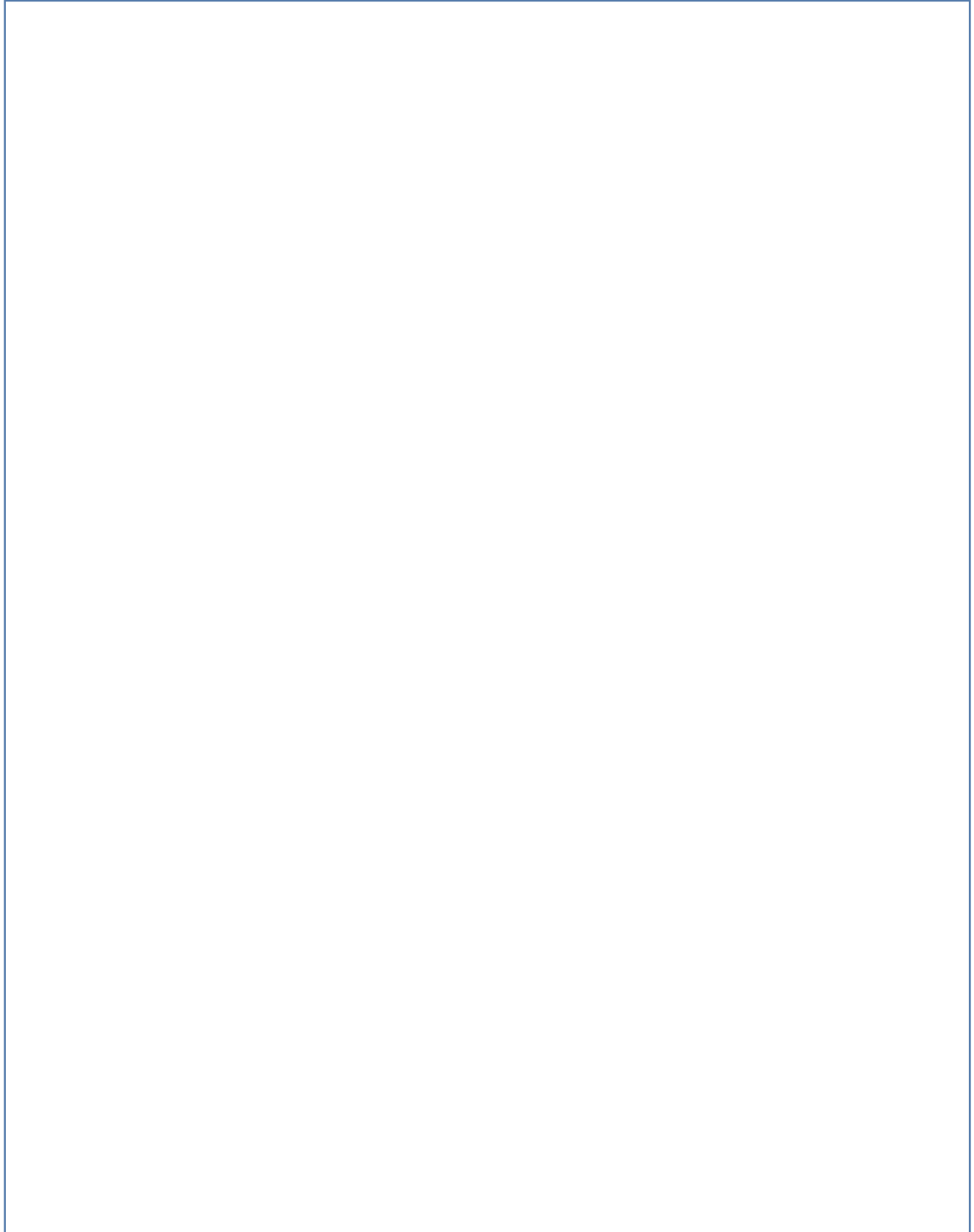
What do you see as the most significant areas of remaining need, with regard to increasing victim/survivor safety, access to permanent housing of choice, and economic self-sufficiency? - **Question #40 (cont.)**



What has the Transitional Housing Program funding allowed you to do that you could not do prior to receiving this funding? - **Question #41**



What has the Transitional Housing Program funding allowed you to do that you could not do prior to receiving this funding? - **Question #41 (cont.)**



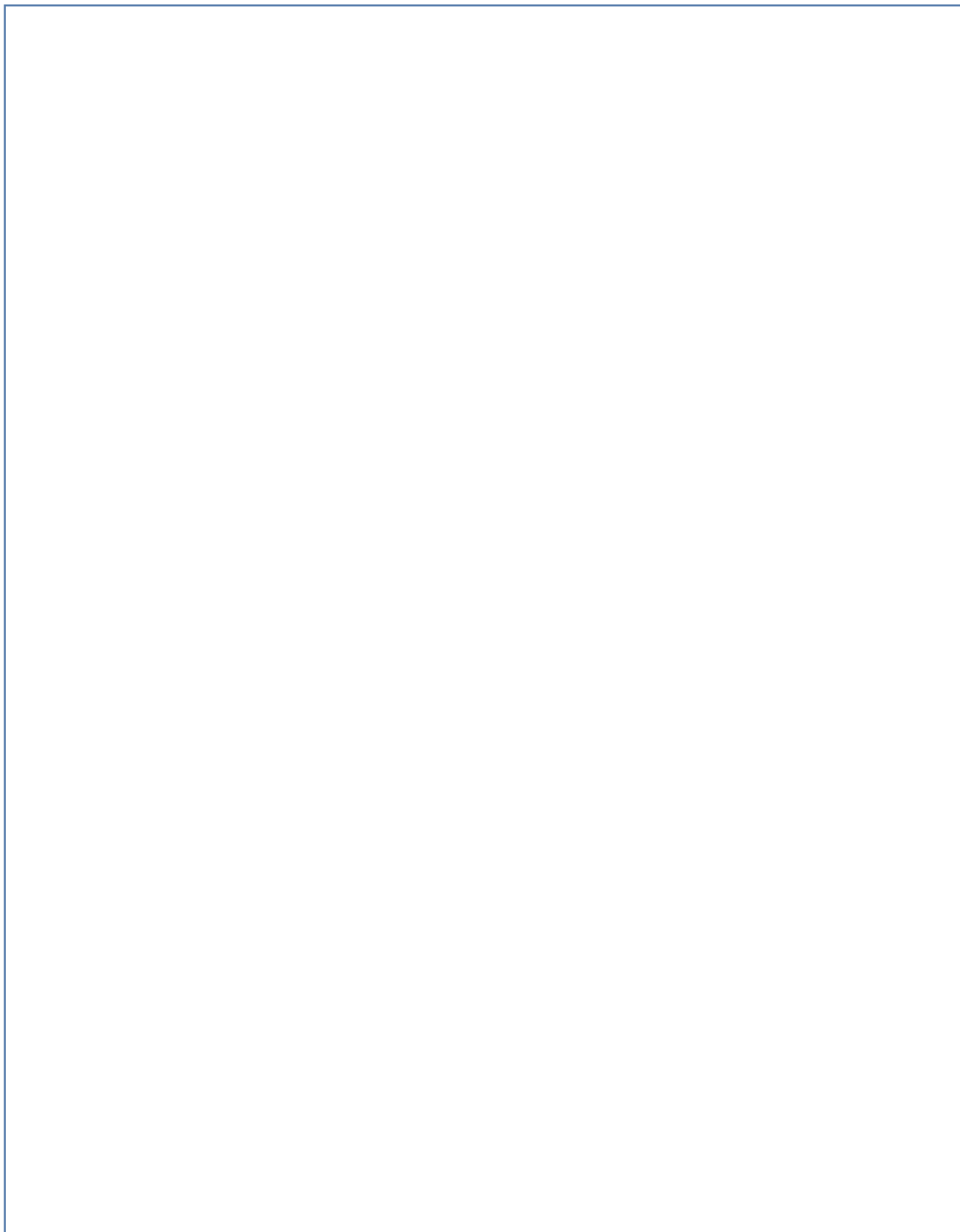
Provide additional information that you would like us to know about your Transitional Housing Program grant and/or the effectiveness of your grant? - **Question #42**

A large, empty rectangular box with a thin blue border, intended for the user to provide additional information regarding their Transitional Housing Program grant and its effectiveness.

Provide additional information that you would like us to know about your Transitional Housing Program grant and/or the effectiveness of your grant? - **Question #42 (cont.)**

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Provide any additional information that you would like us to know about the data submitted - **Question #43**

A large, empty rectangular box with a thin blue border, intended for providing additional information. The box is currently blank.

Provide any additional information that you would like us to know about the data submitted - **Question #43 (cont.)**

A large, empty rectangular box with a thin blue border, intended for providing additional information related to the data submitted.

Use this form for the January - June Reporting Period