

**U.S. Department of Justice  
Office on Violence Against Women**

**SEMI-ANNUAL PROGRESS REPORT FOR**

**Education, Training, and Enhanced Services to End  
Violence Against and Abuse of Women with Disabilities**

**Brief Instructions:** This form must be completed for each Education, Training, and Enhanced Services to End Violence Against and Abuse of Women with Disabilities (Disability 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 or 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 and subsection A1 of this form must be completed by all grantees. In section D and subsections A2 and C1-C7, 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 the rest of 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 Disability Program-funded staff or if Disability 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, like - 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 Disability Program grant)

5. **Type of funded organization**  
(Check the one answer that best describes the entity to whom the grant was awarded)
- |  |  |
|--|--|
| <input type="checkbox"/> Deaf agency/organization                                  | <input type="checkbox"/> State government                                      |
| <input type="checkbox"/> Disability agency/organization                            | <input type="checkbox"/> State sexual assault coalition                        |
| <input type="checkbox"/> Domestic violence program                                 | <input type="checkbox"/> Tribal government                                     |
| <input type="checkbox"/> Dual sexual assault/domestic violence program             | <input type="checkbox"/> Tribal organization                                   |
| <input type="checkbox"/> Dual state sexual assault and domestic violence coalition | <input type="checkbox"/> Tribal sexual assault and domestic violence coalition |
| <input type="checkbox"/> Sexual assault program                                    | <input type="checkbox"/> Unit of local government                              |
| <input type="checkbox"/> State domestic violence coalition                         | <input type="checkbox"/> Other (specify): <input type="text"/>                 |

- 5a. **Is this a faith-based organization?**
- Yes  No

- 5b. **Grant description**  
(Check whether your grant was in the planning and development phase and/or the implementation phase during the current reporting period.)
- Planning and development
- Implementation

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 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 Disability Program funds was directed to each of these areas?**

(Provide appropriate percentages 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. (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"/>      | % |
| <b>TOTAL</b> (must equal 100 percent) | <b>100</b>                | % |

**SECTION A2**

## Staff Information

**Were Disability Program funds used to fund staff positions during the current reporting period?**

Check yes if Disability 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 by the Disability Program 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 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 victim advocate in October whose salary was 100% funded under the Disability Program grant, 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"/> |
| Court personnel   | <input type="text"/> |
| Deaf advocate   | <input type="text"/> |
| Disability advocate   | <input type="text"/> |
| Interpreter   | <input type="text"/> |
| Law enforcement officer   | <input type="text"/> |
| Legal advocate  | <input type="text"/> |
| Program coordinator   | <input type="text"/> |
| Prosecutor  | <input type="text"/> |
| Support staff ( <i>secretary, administrative assistant</i> )                                      | <input type="text"/> |
| Trainer   | <input type="text"/> |
| Victim advocate ( <i>non-governmental, includes domestic violence, sexual assault, and dual</i> ) | <input type="text"/> |
| Victim assistant ( <i>governmental, includes victim-witness specialist/coordinator</i> )          | <input type="text"/> |
| Other ( <i>specify</i> ): <input style="width: 450px;" type="text"/>                              | <input type="text"/> |
| <b>TOTAL</b>  | <input type="text"/> |

**SECTION B**

**PRIORITY AREAS**  
All grantees must complete this section.

**10. Priority areas**

(Check all priority areas that apply to activities supported by Disability Program funds during the current reporting period.)

| Check ALL that apply     | Priority Areas  |
|--------------------------|---|
| <input type="checkbox"/> | Provide personnel, training, technical assistance, advocacy, intervention, risk reduction and prevention of domestic violence, dating violence, stalking, and/or sexual assault against disabled individuals  |
| <input type="checkbox"/> | Conduct outreach activities to ensure that disabled individuals who are victims of domestic violence, dating violence, stalking, and/or sexual assault receive appropriate assistance   |
| <input type="checkbox"/> | Conduct cross-training for victim service organizations, governmental agencies, and non-profit, nongovernmental organizations serving individuals with disabilities about risk reduction, intervention, prevention and the nature of domestic violence, dating violence, stalking, and/or sexual assault for disabled individuals |
| <input type="checkbox"/> | Provide technical assistance to assist with modifications to existing policies, protocols, and procedures to ensure equal access to the services, programs, and activities of victim service organizations for disabled individuals   |
| <input type="checkbox"/> | Provide training and technical assistance on the requirements of shelters and victim services organizations under Federal antidiscrimination laws, including the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973  |
| <input type="checkbox"/> | Modify facilities, purchase equipment, and provide personnel so that shelters and victim service organizations can accommodate the needs of disabled individuals  |
| <input type="checkbox"/> | Provide advocacy and intervention services for disabled individuals who are victims of domestic violence, dating violence, stalking, and/or sexual assault  |
| <input type="checkbox"/> | Develop model programs providing advocacy and intervention services within organizations serving disabled individuals who are victims of domestic violence, dating violence, stalking, and/or sexual assault  |



## FUNCTION AREAS

### Planning and Development

**Were your Disability Program funds used for planning and development during the current reporting period?**

Check yes if you have Disability Program funds and you are in the planning phase. Only those grantees who received Disability Program funds and who are in the planning phase will answer questions 11-15.

- Yes - answer questions 11-15
- No - skip to C2

**11. Planning and development meeting attendance**

*(Report the total number of people attending planning and development meetings during the current reporting period.)*

Total number of people attending

**12. Planning and development activities conducted** *(Check all that apply.)*

- Develop collaboration charter
- Develop memo outlining specific forms of project
- Develop needs assessment plan and tools
- Develop needs assessment report
- Develop strategic plan
- Focus groups and interviews
- Review types of MOU partners
- Cross training with MOU partners
- Other *(specify):*

**13. Mandatory planning and development activities**

(If you have a planning grant, report the total number of planning and development meetings and check the appropriate boxes to indicate if the agencies or organizations are memorandum of understanding [MOU] partners and/or pilot sites.)

| Agency/organization  | Number of Meetings   |                      |                      | MOU Partner              | Pilot Site               |
|--|----------------------|----------------------|----------------------|--------------------------|--------------------------|
|  | Daily                | Weekly               | Monthly              |                          |                          |
| Court  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Deaf organization  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability organization  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic violence coalition  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic violence program  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dual coalition   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Faith-based organization   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Government agency (INS, Social Security, TANF)                               | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health organization  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Law enforcement agency   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health organization   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prosecutor's office  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual assault coalition   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual assault program   | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tribal government  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tribal organization  | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (specify):<br><input style="width: 300px; height: 30px;" type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**14. Technical assistance received during planning and development**

*(Report the number of site visits and consultations received from TA provider.)*

**Technical assistance:** A wide variety of activities designed to facilitate individual or agency change in some systematic manner by providing expertise to solve a problem.

| Technical assistance            | Number of site visits conducted by OVW TA provider | Number of consultations conducted by OVW TA provider |
|---------------------------------|--|--|
| Accessibility                   | <input type="text"/>                               | <input type="text"/>                                 |
| Accessible communication        | <input type="text"/>                               | <input type="text"/>                                 |
| Collaboration charter           | <input type="text"/>                               | <input type="text"/>                                 |
| Focus groups and interviews     | <input type="text"/>                               | <input type="text"/>                                 |
| Focus memo                      | <input type="text"/>                               | <input type="text"/>                                 |
| Needs assessment plan and tools | <input type="text"/>                               | <input type="text"/>                                 |
| Needs assessment report         | <input type="text"/>                               | <input type="text"/>                                 |
| Strategic plan                  | <input type="text"/>                               | <input type="text"/>                                 |
| MOU partners                    | <input type="text"/>                               | <input type="text"/>                                 |
| <b>TOTAL</b>                    | <input type="text"/>                               | <input type="text"/>                                 |



**15. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of your planning and development activities funded or supported by your Disability Program grant and to provide any additional information you would like to share about planning and development activities beyond what you have provided in the data above. An example might include how the collaboration has been enhanced, or how the capacity of the organizations involved in the collaborative has been improved.) (Maximum - 2000 characters)*

**SECTION C2**

## Training

### Were your Disability Program funds used to provide training during the current reporting period?

Check yes if Disability Program funded staff provided training, or if grant funds directly supported training.  
(Note: This section applies only to grantees who are in the implementation phase of their grant.)

- Yes - answer questions 16-19  
 No - skip to C3

For the purposes of this reporting form, **training** means providing information on sexual assault, domestic violence, dating violence, and/or stalking that enables a person to improve her/his response to victims/survivors with disabilities as it relates to her/his role in the system. **Education** means providing general information that will increase awareness and knowledge about sexual assault, domestic violence, dating violence, and/or stalking against people with disabilities. In this subsection, report information on training.

### 16. Training events provided

(Report the total number of training events provided during the current reporting period that were either provided by Disability Program-funded staff or directly supported by Disability Program funds. Also report the total number of training events for which interpretive services were provided. Staff development training provided to Disability Program-funded staff or cross-training provided to MOU partners should not be counted.)

Total number of training events provided

Total number of training events for which interpretive services were provided

### 17. Number of people trained

(Report the number of people trained by Disability Program-funded staff or with Disability Program funds during the current reporting period.)

| People trained  | Number               | People trained  | Number               |
|---|----------------------|---|----------------------|
| Adult protective services staff   | <input type="text"/> | Legal services staff (does not include attorneys)                                 | <input type="text"/> |
| ASL interpreters  | <input type="text"/> | Mental health professionals   | <input type="text"/> |
| Attorneys/law students  | <input type="text"/> | Personal care attendants  | <input type="text"/> |
| Court personnel (judges, clerks)  | <input type="text"/> | Prosecutors   | <input type="text"/> |
| Deaf organization   | <input type="text"/> | Residential or institutional staff  | <input type="text"/> |
| Disability organization staff (non-governmental, non-residential)             | <input type="text"/> | Sexual assault nurse examiners/sexual assault forensic examiners                  | <input type="text"/> |
| Disability rights organization staff (P&A, UCP, NAMI)                         | <input type="text"/> | Sexual assault program staff  | <input type="text"/> |
| Domestic violence program staff   | <input type="text"/> | Social services organization staff (non-governmental homeless shelter, food bank) | <input type="text"/> |
| Dual sexual assault and domestic violence program staff                       | <input type="text"/> | Transportation providers  | <input type="text"/> |
| Faith-based organization staff  | <input type="text"/> | Tribal government/agency staff  | <input type="text"/> |
| Government agency staff (INS, Social Security, TANF, DHS)                     | <input type="text"/> | Tribal organization staff   | <input type="text"/> |
| Health professionals (excluding sexual assault forensic examiners)            | <input type="text"/> | Victim-witness specialists  | <input type="text"/> |
| Job training program staff (vocational rehabilitation, occupational training) | <input type="text"/> | Volunteers  | <input type="text"/> |
| Law enforcement officers  | <input type="text"/> | Other (specify): <input type="text"/>   | <input type="text"/> |
|   |                      | <b>TOTAL</b>  | <input type="text"/> |

**18. Training topics**

(Check appropriate boxes to indicate all topics covered in training events provided by your Disability Program funds during the current reporting period.)

**Sexual assault, domestic violence, dating violence, and/or stalking**

- Caregiver abuse overview, dynamics, and services
- Confidentiality
- Dating violence overview, dynamics, and services
- Domestic violence overview, dynamics, and services
- Mandatory reporting requirements for violence against women with disabilities
- Public benefits (*TANF, disability, food stamps, SSI*)
- Safety planning for victims/survivors with disabilities
- Sexual assault overview, dynamics, and services
- Stalking overview, dynamics, and services
- Trauma informed response
- Other (*specify*):

**Disabilities and accessibility**

- Accessibility
- Accessible policies, programs, or employment
- Americans with Disabilities Act
- Assistive technology and devices
- Cost effective ways to accommodate victims/survivors with disabilities
- Disability rights and laws
- Disability rights (P-A) organizations
- Effective communication with individuals with disabilities
- Guardianship issues
- Information on blindness or low vision
- Information on cognitive disabilities
- Information on Deafness or hard of hearing
- Information on developmental disabilities
- Information on medical disabilities and chronic illness
- Information on mental illness
- Information on physical disabilities
- Interpreter services
- Outreach to victims/survivors with disabilities
- Physical, attitudinal, and programmatic barriers to accessibility
- Recognizing and responding to violence against women with disabilities
- Resources for victims/survivors with disabilities (*local, state, federal, or tribal*)
- Technology as a safety issue
- TTY, Assistive Listening Devices (ALD), and relay services
- Other (*specify*):

**Criminal justice issues**

- Child custody issues
- Criminal codes specific to violence against women with disabilities
- Forensic evidence collection and victims/survivors with disabilities
- Hate crimes against people with disabilities
- Identification and arrest of primary aggressor
- Interpreters in the criminal justice process
- Investigation of violence against women with disabilities
- Judicial response to violence against women with disabilities
- Law enforcement response to violence against women with disabilities
- Prosecution response to violence against women with disabilities
- Protection orders and women with disabilities (*including full faith and credit*)
- Women with disabilities as witnesses
- Other (*specify*):

**Issues specific to victims/survivors with disabilities who:**

- are American Indian or Alaska Native
- are Asian
- are black or African American
- are elderly
- are Hispanic or Latino
- are homeless or living in poverty
- are immigrants, refugees, or asylum seekers
- are isolated or institutionalized
- are lesbian, gay, bisexual, transgender, or intersex
- are Native Hawaiian or Other Pacific Islander
- have substance abuse issues
- live in rural areas
- Other (*specify*):

**Health care**

- Recognizing and responding to victims/survivors with disabilities
- Forensic evidence collection for victims/survivors with disabilities
- Institutional care issues for victims/survivors with disabilities (*includes residential or institutional*)
- Other (*specify*):

**19. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of training activities funded or supported by your Disability 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. Examples might include how a training on accessibility changed service delivery practice in a specific way, or how a training on domestic and/or sexual violence has allowed employees to respond appropriately when a disclosure is made.) (Maximum - 2000 characters)*

**SECTION C3**

## Education

**Were your Disability Program funds used to provide education during the current reporting period?**

Check yes if Disability Program-funded staff provided education, or if grant funds directly supported education. (Note: This section applies only to grantees who are in the implementation phase of their grant.)

- Yes - answer questions 20-23
- No - skip to C4

For the purposes of this reporting form, **education** means providing general information that will increase awareness and knowledge about sexual assault, domestic violence, dating violence, and/or stalking against people with disabilities. **Training** means providing information on sexual assault, domestic violence, dating violence and/or stalking that enables a person to improve her/his response to victims/survivors with disabilities as it relates to her/his role in the system. In this subsection, report information on education activities.

**20. Number of education events**

(Report the total number of education events provided during the current reporting period that were either provided by Disability Program-funded staff or directly supported by Disability Program funds. Also report the total number of education events for which interpretive services were provided.)

Total number of education events provided

Total number of education events for which interpretive services were provided

**21. People educated with Disability Program funds**

(Report the number of people educated during the current reporting period.)

| People attending event                             | Number               |
|--|----------------------|
| Community businesses (retail stores, pharmacies)   | <input type="text"/> |
| Community groups                                   | <input type="text"/> |
| Deaf individuals                                   | <input type="text"/> |
| Faith-based groups                                 | <input type="text"/> |
| Parents/guardians of individuals with disabilities | <input type="text"/> |
| People with disabilities                           | <input type="text"/> |
| Transportation providers                           | <input type="text"/> |
| Other (specify): <input type="text"/>              | <input type="text"/> |
| <b>TOTAL</b>                                       | <input type="text"/> |

**22. Education topics**

(Check appropriate boxes to indicate all topics covered in education events provided by your Disability Program funds during the current reporting period.)

**Sexual assault, domestic violence, dating violence, and/or stalking against women with disabilities**

- Accessibility
- Caregiver abuse overview, dynamics, and services
- Community resources for victims/survivors with disabilities
- Dating violence overview, dynamics, and services
- Domestic violence overview, dynamics, and services
- Overview of violence against women with disabilities
- Physical and attitudinal barriers to accessibility
- Recognizing and responding to violence against women with disabilities
- Sexual assault overview, dynamics, and services
- Sexual exploitation overview, dynamics, and services
- Stalking overview, dynamics, and services
- Other (specify):

**Appropriate response to victims/survivors with disabilities who:**

- are blind or have low vision
- are Deaf or hard of hearing
- have cognitive disabilities
- have developmental disabilities
- have medical disabilities or chronic illness
- have mental illness
- have a physical disability
- live in residential or institutional facilities
- Other (specify):

**23. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of education activities funded or supported by your Disability Program grant and to provide any additional information you would like to share about your education activities beyond what you have provided in the data above. Examples might include staffing a joint table at public events, or staff wanting further information on disability and Deaf issues or on violence against women.) (Maximum - 2000 characters)*

**SECTION C4**

**Policies**

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

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

(Note: This section applies only to grantees who are in the implementation phase of their grant.)

- Yes - answer questions 24-25
- No - skip to C5

**24. Types of policies and/or protocols developed, substantially revised, or implemented during the current reporting period**

(Check all types of policies or protocols developed, substantially revised, or implemented with Disability Program funds during the current reporting period. In the victim services area, use the SA column for policies and/or protocols addressing sexual assault, the DV/dating violence column for those addressing domestic violence and/or dating violence, the stalking column for those addressing stalking, and the disability column for those addressing disability.)

**Victim services**

| <b>SA</b>                | <b>DV/<br/>Dating<br/>Violence</b> | <b>Stalking</b>          | <b>Disability</b>        |  |
|--------------------------|------------------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | Accessibility  |
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | Accessible communications (ASL interpreters/communication devices)           |
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | Appropriate response to victims/survivors who have disabilities              |
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | Confidentiality  |
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | Mandatory reporting  |
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | Mandatory training standards for staff and volunteers                        |
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | Staff, board, and/or volunteers represent the diversity of your service area |
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | Trauma informed practice   |
| <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify):   |

**Law enforcement**

- Accessibility
- Accessible communications (ASL interpreters/communication devices)
- 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
- Pro-arrest/mandatory arrest
- Protection order enforcement (including full faith and credit)
- Providing information to victims/survivors about victim services
- Other (specify):



**Prosecution**

- Accessibility
- Accessible communications (*ASL interpreters/communication devices*)
- Appropriate response to victims/survivors who have disabilities
- Mandatory training on sexual assault, domestic violence, dating violence and/or stalking
- Vertical prosecution
- Victim witness notification
- Violation of protection orders
- Other (*specify*):

**Court**

- Accessibility
- Accessible communications (*ASL interpreters/communication devices*)
- Appropriate response to victims/survivors who have disabilities
- Immediate access to obtaining protection orders
- Mandatory training on sexual assault, domestic violence, dating violence and/or stalking
- Procedures for courtroom security
- Other (*specify*):

**Health care**

- Accessible communications (*ASL interpreters/communication devices*)
- Advocate response to emergency room
- Appropriate response to victims/survivors who have disabilities
- Forensic exams not billed to victim/survivor
- Mandatory training on sexual assault, domestic violence, dating violence and/or stalking
- Routine screening and referrals for sexual assault, domestic violence, dating violence and/or stalking
- Other (*specify*):

**25. (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 Disability 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 include working with project partners to ensure that organizational policies are responsive to the needs of victims with disabilities and Deaf victims.) (Maximum - 2000 characters)*

**SECTION C5**

## Technical Assistance

**Were your Disability Program funds used to provide technical assistance during the current reporting period?**

Check yes if Disability Program-funded staff provided technical assistance, or if grant funds directly supported technical assistance.

(Note: This section applies only to grantees who are in the implementation phase of their grant.)

Yes - answer questions 26-29

No - skip to C6

**26. Technical assistance**

(Report the total number of technical assistance activities provided with Disability Program funds during the current reporting period, indicating whether they were site visits to conduct accessibility assessments or other consultations. Consultations may include in-person, telephone, electronic, or other types of contact. Each contact should be counted as one activity.)

**Technical assistance:** A wide variety of activities designed to facilitate individual or agency change in some systematic manner by providing expertise to solve a problem. Examples of technical assistance activities include clarifying legislative and policy implementation and/or standards of service, technology consultations, and assistance with problem-solving.

| People receiving technical assistance  | Number of accessibility assessment site visits | Number of other technical assistance consultations |
|--|--|--|
| Adult protective services staff  |  |  |
| Community advocacy organization staff ( <i>Disability Rights, UCP, NAMI</i> )          |  |  |
| Court personnel ( <i>judges, clerks</i> )  |  |  |
| Deaf organization  |  |  |
| Disability organization staff ( <i>non-governmental, non-residential</i> )             |  |  |
| Domestic violence program staff  |  |  |
| Dual sexual assault and domestic violence program staff                                |  |  |
| Faith-based organization staff   |  |  |
| Government agency staff ( <i>INS, Social Security, TANF, DHS</i> )                     |  |  |
| Health professionals ( <i>excluding sexual assault forensic examiners</i> )            |  |  |
| Independent living center staff  |  |  |
| Interpreters   |  |  |
| Job training program staff ( <i>vocational rehabilitation, occupational training</i> ) |  |  |
| Law enforcement officers   |  |  |
| Mental health professionals  |  |  |
| Prosecutors  |  |  |
| Residential or institutional staff   |  |  |
| Sexual assault forensic examiners  |  |  |
| Sexual assault program staff   |  |  |
| Social services organization staff ( <i>homeless shelter, food pantry</i> )            |  |  |
| Transportation providers   |  |  |
| Tribal government/agency staff   |  |  |
| Other ( <i>specify</i> ):  |  |  |
| <b>TOTAL</b>   |  |  |

**27. Topics of technical assistance**

(Check appropriate boxes to indicate all topics covered in technical assistance provided with Disability Program funds during the current reporting period.)

- Accessibility assessment (*physical, programmatic, attitudinal*)
- Accessible communication (*ASL interpreters/communication devices*)
- Accessible materials
- Assistive technology and devices
- Caregiver abuse
- Collaboration and cross-training for responding to victims/survivors with disabilities
- Cost-effective compliance with ADA
- Court response to violence against women with disabilities
- Culturally appropriate services for victims/survivors with disabilities
- Dating violence experienced by women with disabilities
- Disability organizations' response to violence against women with disabilities
- Disability services and resources
- Disclosure, confidentiality, and safety
- Domestic violence experienced by women with disabilities
- Guardianship and power of attorney issues
- Health care response to violence against women with disabilities
- Interviewing techniques
- Issues regarding victims/survivors living in residential or institutional facilities
- Law enforcement response to violence against women with disabilities
- Outreach to victims/survivors with disabilities
- Personal safety planning for victims/survivors with disabilities
- Prosecution response to violence against women with disabilities
- Requirements of the Americans with Disabilities Act and other anti-discrimination laws
- Responding to violence against victims/survivors who live in residential or institutional facilities
- Responding to violence against women who are blind or have low vision
- Responding to violence against women who are D/deaf or hard of hearing
- Responding to violence against women with cognitive disabilities
- Responding to violence against women with developmental disabilities
- Responding to violence against women with medical disabilities and chronic illness
- Responding to violence against women with mental illness
- Responding to violence against women with physical disabilities
- Service animals and accessibility
- Sexual assault experienced by women with disabilities
- Stalking experienced by women with disabilities
- Technology as a safety issue
- TTY, ALD and relay services
- Victim services response to violence against women with disabilities
- Other (*specify*):

**28. Organizational policies and technical assistance**

(As a result of the technical assistance provided with Disability Program funds, how many organizations developed, revised, and/or implemented policies regarding accessibility and/or services for women with disabilities?)

**29. (Optional) Additional Information**

*(Use the space below to discuss the effectiveness of technical assistance activities funded or supported by your Disability Program grant and to provide any additional information you would like to share about your technical assistance activities beyond what you have provided in the data above. Examples might include conducting an accessibility audit, responsiveness assessment, or providing information/training on adaptive communication.) (Maximum - 2000 characters)*

**SECTION C6**

## Coordinated Community Response

### Were your Disability Program funds used for coordinated community response during the current reporting period?

Check yes if you have Disability Program funds and you are in the implementation phase. Only those grantees who received Disability Program funds and who are in the implementation phase will answer question 30.

- Yes - answer question 30
- No - skip to C7

### 30. Coordinated community response activities

(Check the appropriate boxes to indicate the agencies or organizations, even if they are not a memorandum of understanding [MOU] partner, that you engaged in development, revision, or implementation of training and/or education with; and/or collaborated with during the current reporting period. In the last column, indicate the agencies or organizations with which you have an MOU for purposes of the Disability Program Grant.)

| Agency/organization  | Development, revision, and/or implementation of training and/or education | Collaboration            | MOU partner              |
|--|---|--------------------------|--------------------------|
| Adult protective services  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Community advocacy organization ( <i>Disability Rights, UCP, NAMI</i> )                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Court  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Deaf organization  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability organization ( <i>non-governmental, non-residential</i> )                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic violence program  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Dual sexual assault and domestic violence program                                      | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Faith-based organization   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Government agency ( <i>INS, Social Security, TAN, DHS</i> )                            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Health organization ( <i>excluding sexual assault forensic examiners</i> )             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Job training program staff ( <i>vocational rehabilitation, occupational training</i> ) | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Law enforcement  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Legal organization ( <i>legal services, bar association</i> )                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental health organization   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Prosecutors  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Residential or institutional   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual assault forensic examiners  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual assault program   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Social services organization ( <i>homeless shelter, food pantry</i> )                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Tribal government/agency   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |
| Other ( <i>specify</i> ):  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |

**31. (Optional) Additional Information**

*(Use the space below to discuss the effectiveness of coordinated community response activities funded or supported by your Disability Program grant and to provide any additional information you would like to share about your coordinated community response activities beyond what you have provided in the data above. Examples might include developing elements of the collaboration charter, exploring the intersection of violence against individuals with disabilities as a multi-disciplinary team, identifying common areas/issues of concern, and working toward a solution that is equally beneficial to all parties involved, etc.) (Maximum - 2000 characters)*

**SECTION C7**

## Product Development

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

Check yes if Disability Program funds supported the development, substantial revision, and/or distribution of products.

(Note: This section applies only to grantees who are in the implementation phase of their grant.)

- Yes - answer question 32
- No - skip to section D

**32. Use of Disability Program funds for product development, substantial revision, and/or distribution**

*(Report the number of products developed, substantially revised or distributed with Disability Program funds during the current reporting period. Report the number of new products developed or substantially revised during the current reporting period; the title/topic and intended audience for of each product developed, revised, and/or distributed; and the number of products used and/or distributed. The description of the product should include the title, topic, and intended audience. If a product was created in or adapted into an alternative format indicate the format. Report on products that were newly developed during the current reporting period whether or not they were used or distributed, and on products that were previously developed and were used and/or distributed during the current reporting period.)*

| Products                                 | Number developed or revised | Title/topic          | Intended audience    | Number used or distributed | Alternative format   |
|--|-----------------------------|----------------------|----------------------|----------------------------|----------------------|
| 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 curricula                       | <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):<br><input type="text"/> | <input type="text"/>        | <input type="text"/> | <input type="text"/> | <input type="text"/>       |                      |



**SECTION D**

**VICTIM SERVICES**

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

Check yes if Disability Program-funded staff provided victim services or if Disability Program funds were used to support victim services during the current reporting period. Report all victims/survivors served and victim services provided with Disability Program funds, whether by a victim services agency or victim services within law enforcement, prosecution, or the court system.

(Note: This section applies only to grantees who are in the implementation phase of their grant.)

- Yes - answer questions 33-39
- No - skip to section E

**33. 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, and/or stalking 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.)*

|  | Sexual Assault       | Domestic violence/<br>dating violence | Stalking             | TOTAL                |
|--|----------------------|---------------------------------------|----------------------|----------------------|
| <b>A. Served:</b> Victims/survivors who received the service(s) they requested, if those services were funded by your Disability Program grant   | <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 Disability Program grant                                       | <input type="text"/> | <input type="text"/>                  | <input type="text"/> | <input type="text"/> |
| <b>TOTAL SERVED and PARTIALLY SERVED (33A + 33B)</b>   | <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 Disability Program grant | <input type="text"/> | <input type="text"/>                  | <input type="text"/> | <input type="text"/> |

**34. 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"/>               | 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 who are D/deaf or hard of hearing |
| <input type="checkbox"/>               | Services inappropriate or inadequate for victims/survivors who have disabilities             |
| <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 available for victims/survivors accompanied by male adolescents                 |
| <input type="checkbox"/>               | Services not appropriate for victim/survivor   |
| <input type="checkbox"/>               | Transportation   |
| <input type="checkbox"/>               | Other ( <i>specify</i> ): <input type="text"/>   |

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

(Based on the victims/survivors reported in 33A and 33B, 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 33A and 33B. However, the total number of victims/survivors reported under Race/ethnicity should not be less than the total number of victims/survivors reported in 33A and 33B. 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 33A and 33B. Those victims for whom gender, age, and/or race/ethnicity are not known should be reported in the "unknown" category. Do not report demographics for secondary victims.)

| Race/ethnicity (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.") | Number of victims/survivors |
|---|-----------------------------|
| 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 33A and 33B)   | <input type="text"/>        |
| Gender  | Number of victims/survivors |
| Female  | <input type="text"/>        |
| Male  | <input type="text"/>        |
| Unknown   | <input type="text"/>        |
| <b>TOTAL GENDER</b> (should equal _____, the sum of 33A and 33B)  | <input type="text"/>        |
| Age   | Number of victims/survivors |
| 0-12  | <input type="text"/>        |
| 13-17   | <input type="text"/>        |
| 18-24   | <input type="text"/>        |
| 25-59   | <input type="text"/>        |
| 60+   | <input type="text"/>        |
| Unknown   | <input type="text"/>        |
| <b>TOTAL AGE</b> (should equal _____, the sum of 33A and 33B)   | <input type="text"/>        |
| Other demographics  | Number of victims/survivors |
| People with disabilities  | <input type="text"/>        |
| People who are D/deaf or hard of hearing  | <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"/>        |

**36. Victims/survivors' relationship to offender by victimization**

(For those victims/survivors reported as served and partially served in 33A and 33B, 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 \_\_\_\_\_; and the total number in the stalking 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             |
| Current or former spouse or intimate partner                            | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/> |
| Other family or household member  | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/> |
| Dating relationship   | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/> |
| Acquaintance (neighbor, employee, co-worker, student, schoolmate, etc.) | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/> |
| Stranger  | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/> |
| Recipient of personal care service                                      | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/> |
| Relationship unknown  | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/> |
| <b>TOTAL</b>  | <input type="text"/>                                     | <input type="text"/>              | <input type="text"/> |

**37A. Victim services**

*(Report the number of victims/survivors from 33A and 33B who received Disability Program-funded services. Count each victim/survivor only once for each type of service that the victim received during the current reporting period; do not report the number of times that a service was provided to the victim. The total for each type of service should not be higher than \_\_\_\_\_, the total of 33A and 33B. Shelter services should be reported in question 37B. Do not report secondary victims receiving services in this question.)*

| Type of service   | Number of victims/survivors served |
|---|------------------------------------|
| Case management   | <input type="text"/>               |
| Civil legal advocacy/court accompaniment <i>(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.)</i>  | <input type="text"/>               |
| Civil legal assistance <i>(Civil legal services provided by an attorney and/or a paralegal)</i>   | <input type="text"/>               |
| Counseling/support group <i>(Individual or group counseling or support provided by a volunteer, peer, or professional)</i>  | <input type="text"/>               |
| Criminal justice advocacy/court accompaniment <i>(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 to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system)</i> | <input type="text"/>               |
| Crisis intervention <i>(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.)</i>  | <input type="text"/>               |
| Employment <i>(Job training, coaching, supported or sheltered employment)</i>   | <input type="text"/>               |
| Forensic exam <i>(Exam conducted by a sexual assault nurse examiner or by a sexual assault forensic examiner)</i>   | <input type="text"/>               |
| Hospital/clinic/other medical response <i>(Accompanying a victim survivor to or meeting a victim/survivor at a hospital, clinic, or medical office)</i>   | <input type="text"/>               |
| Language services <i>(Interpretation, translation)</i>  | <input type="text"/>               |
| Long-term care <i>(Assisting a victim/survivor with daily needs)</i>  | <input type="text"/>               |
| Peer support services <i>(Services provided by a self-advocate)</i>   | <input type="text"/>               |
| Personal planning <i>(Assisting a victim/survivor with goal-setting and developing plans to accomplish identified goals)</i>  | <input type="text"/>               |
| Respite <i>(Short-term care provided to a victim/survivor to relieve the primary caregiver[s])</i>  | <input type="text"/>               |
| Transportation  | <input type="text"/>               |
| Victim/survivor advocacy <i>(Actions designed to assist the victim/survivor in obtaining support, resources, or services, including employment, housing, shelter services, health care, victim's compensation, etc.)</i>  | <input type="text"/>               |
| Other (specify):  | <input type="text"/>               |

**37B. Shelter services**

(Report the number of victims/survivors and accompanying family members who received emergency shelter and/or transitional housing provided with Disability 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 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 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 x 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"/> |

**37C. Hotline calls**

(Report the number of hotline calls received from primary victims, and the total number of hotline calls received, on phone lines paid for with Disability Program funds or answered by Disability Program-funded staff, during the current reporting period. Victims/survivors whose calls are reported here should not be reported as victims served in question 33 unless they also received at least one of the services listed in question 37A Victim services or question 37B 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 37A. 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 37A, 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"/>  |

**37D. 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, and/or stalking identified in police reports or court documents, informing them of services and/or providing information about the criminal justice system. Victims who are the recipients of these notification/outreach activities should not be reported as victims served in question 33 unless they also received at least one of the services reported in question 37A Victim services or question 37B Shelter services. Victims who receive services such as criminal justice advocacy over the telephone should be reported in question 37A.)

| 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"/>  |

**38. Protection orders**

*(Report the total number of temporary and/or final protection orders requested and granted for which Disability 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"/> |

**39. (Optional) Additional information**

*(Use the space below to discuss the effectiveness of victim services funded or supported by your Disability 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 Disability 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 - 2000 characters)*



SECTION  
**E****NARRATIVE****All grantees must answer question 40.****Please limit your responses to the space provided.****40. Report on the status of your Disability Program grant goals and objectives for the current reporting period.**

*(Report on the status of the goals and objectives for your Disability Program 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 41 and 42 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)****41. What do you see as the most significant areas of remaining need, with regard to obstacles faced by individuals with disabilities?**

*(For example, we need more training of disability organization staff about violence against women with disabilities; we struggle with negative community attitudes towards victims/survivors with mental illness.)*

**42. What has Disability Program funding allowed you to do that you could not do prior to receiving this funding?**

*(For example, we were able to train all victim service agencies in the state on the use of TTYs.)*

**Questions 43 and 44 are optional.****Please limit your responses to the space provided. (8,000 characters)****43. Provide any additional information that you would like us to know about your Disability Program grant and/or the effectiveness of your grant.**

*(If you have other data or information regarding the effectiveness of your Disability Program grant that would more fully or accurately reflect your grant activities than the data you have been asked to provide on this form, answer this question. If you have not already done so elsewhere on this form, you may want to report on changes in accessibility of services for victims/survivors with disabilities; development, revision, or implementation of policies in your own agency; the sustainability of the grant activities; and/or positive or negative unintended consequences, i.e. changed grantee's own policies.)*

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

*(If you have 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 your Disability Program funds supported staff e.g., victim advocates, law enforcement officers, etc. - but you 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 Disability Program grant goals and objectives for current reporting period.

**Question #40**

|   |                                    |
|---|------------------------------------|
| <b>Goals/Objectives (1,750 characters)</b>                  | <b>Status</b> <input type="text"/> |
| <div style="border: 1px solid black; height: 100px;"></div> |                                    |
| <b>Key Activities (1,750 characters)</b>                    |                                    |
| <div style="border: 1px solid black; height: 100px;"></div> |                                    |
| <b>Comments (500 characters)</b>                            |                                    |
| <div style="border: 1px solid black; height: 100px;"></div> |                                    |

|   |                                    |
|---|------------------------------------|
| <b>Goals/Objectives</b>                                     | <b>Status</b> <input type="text"/> |
| <div style="border: 1px solid black; height: 100px;"></div> |                                    |
| <b>Key Activities</b>                                       |                                    |
| <div style="border: 1px solid black; height: 100px;"></div> |                                    |
| <b>Comments</b>   |                                    |
| <div style="border: 1px solid black; height: 100px;"></div> |                                    |

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

**Question #40** (cont.)

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

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

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

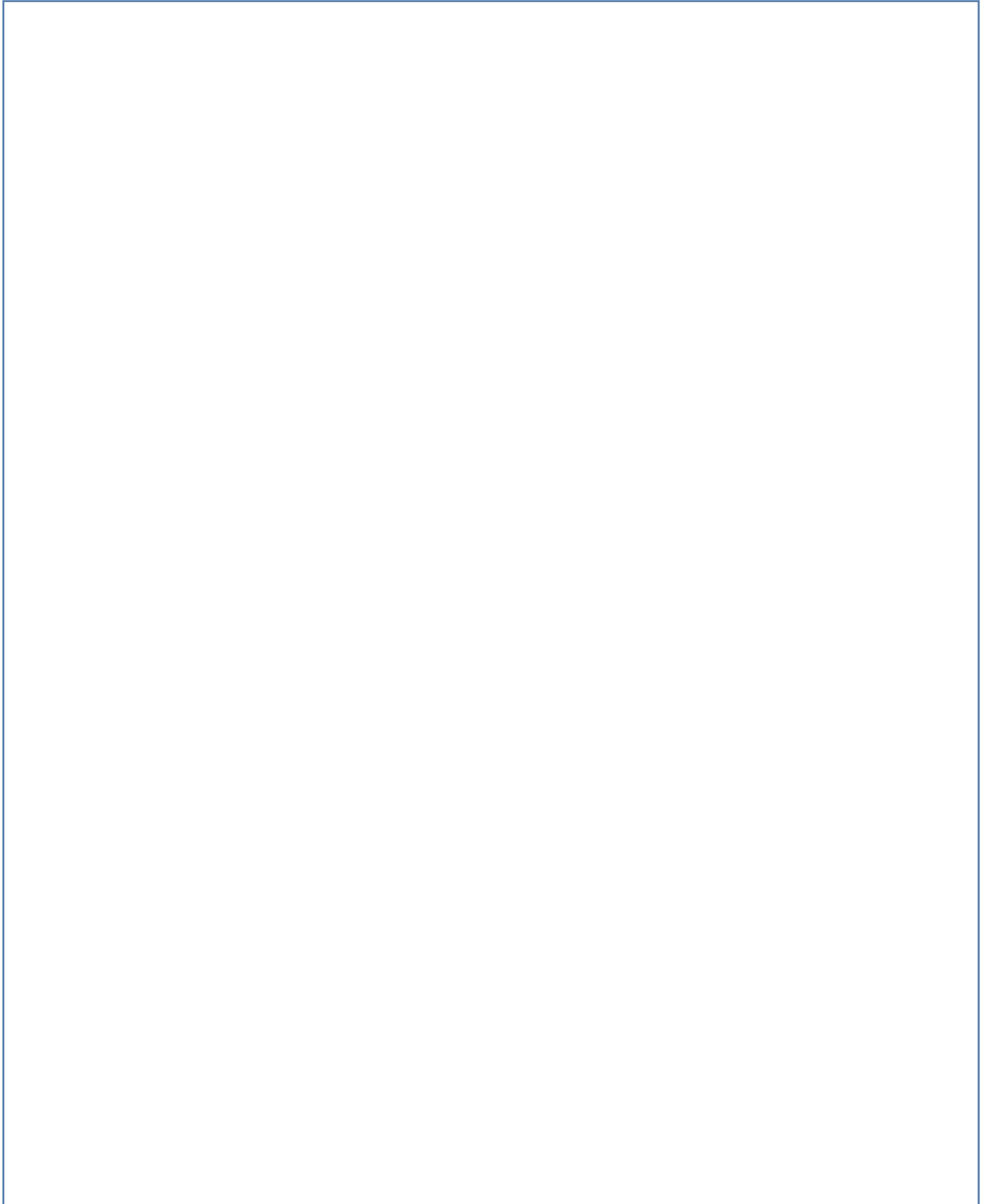
**Question #40** (cont. 2)

|                         |                                    |
|-------------------------|------------------------------------|
| <b>Goals/Objectives</b> | <b>Status</b> <input type="text"/> |
| <br><br><br><br>        |                                    |
| <b>Key Activities</b>   |                                    |
| <br><br><br><br>        |                                    |
| <b>Comments</b>         |                                    |
| <br><br><br><br>        |                                    |

|                         |                                    |
|-------------------------|------------------------------------|
| <b>Goals/Objectives</b> | <b>Status</b> <input type="text"/> |
| <br><br><br><br>        |                                    |
| <b>Key Activities</b>   |                                    |
| <br><br><br><br>        |                                    |
| <b>Comments</b>         |                                    |
| <br><br><br><br>        |                                    |

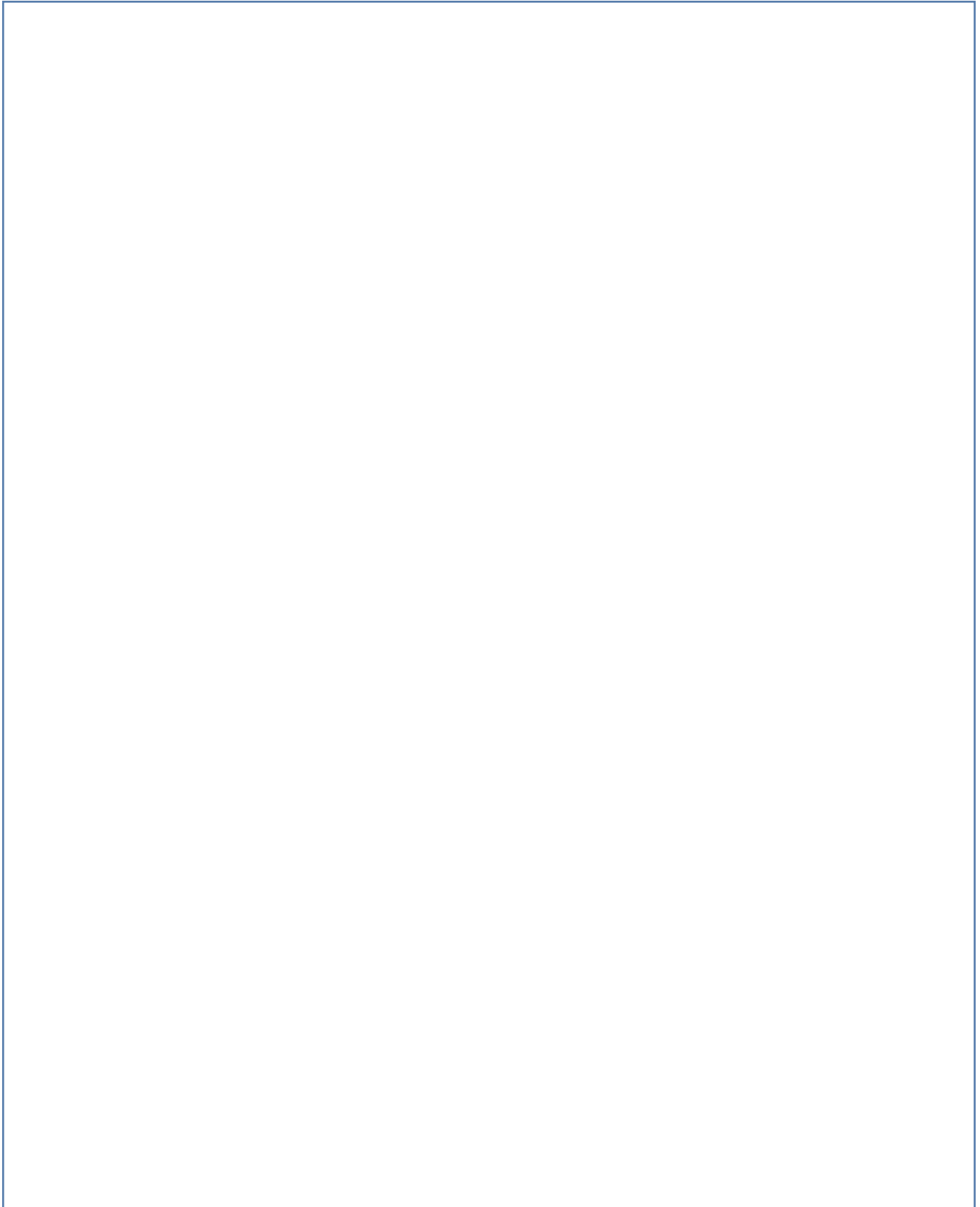
What do you see as the most significant areas of remaining need, with regard to obstacles faced by individuals with disabilities?

**Question #41**

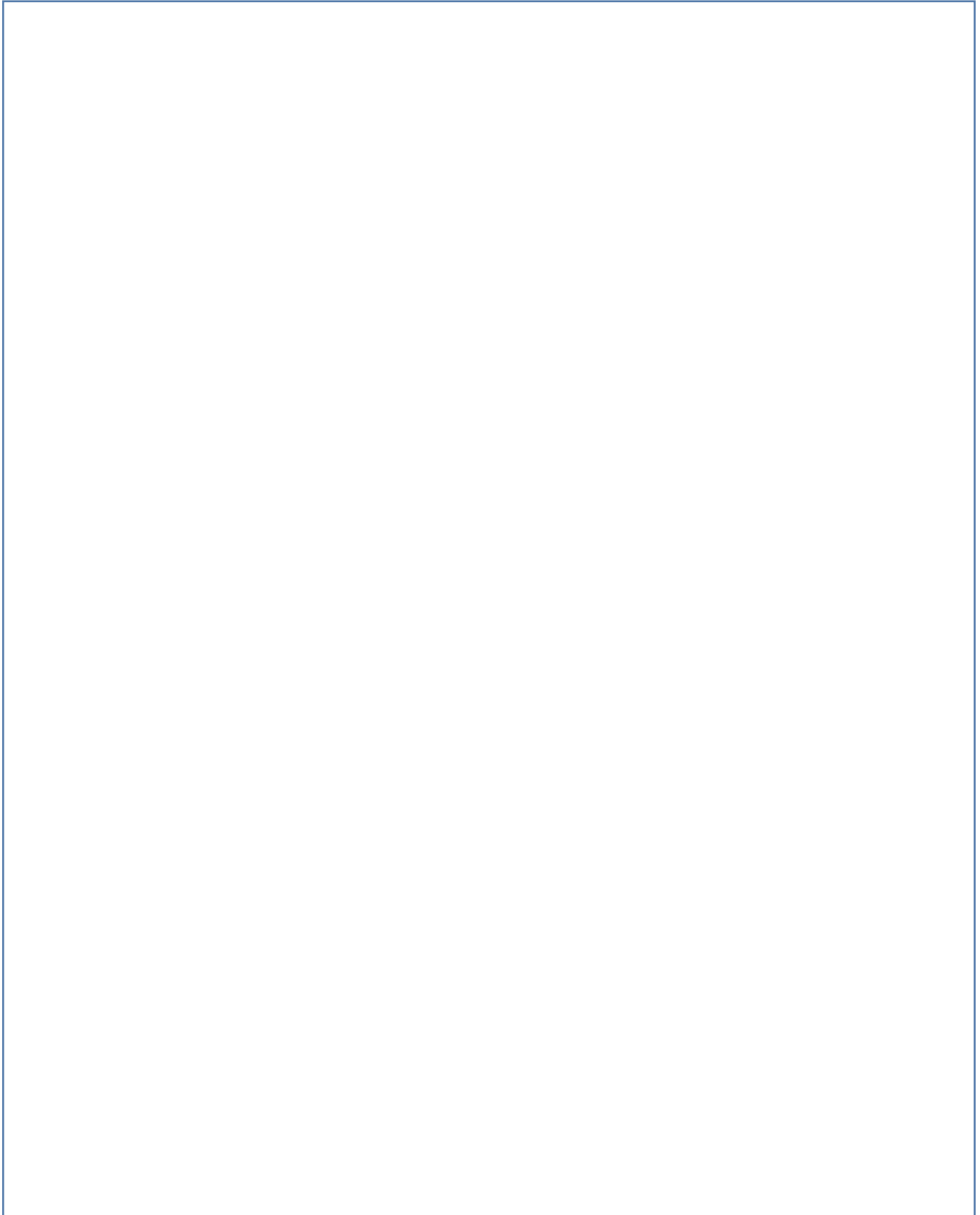


What do you see as the most significant areas of remaining need, with regard to obstacles faced by individuals with disabilities?

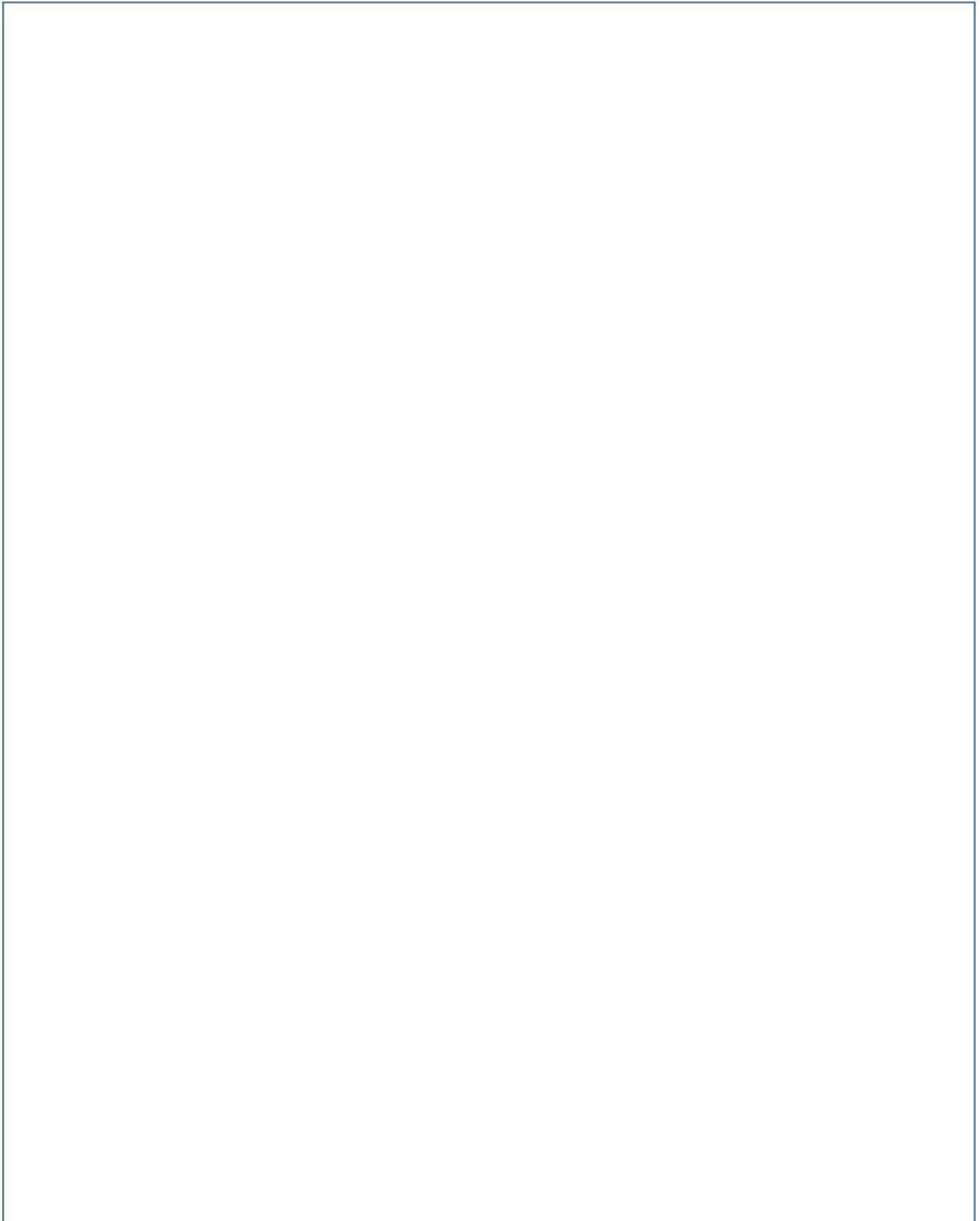
**Question #41** (cont.)



What has Disability Program funding allowed you to do that you could not do prior to receiving this funding?  
**Question #42**



What has Disability Program funding allowed you to do that you could not do prior to receiving this funding?  
**Question #42** (cont.)



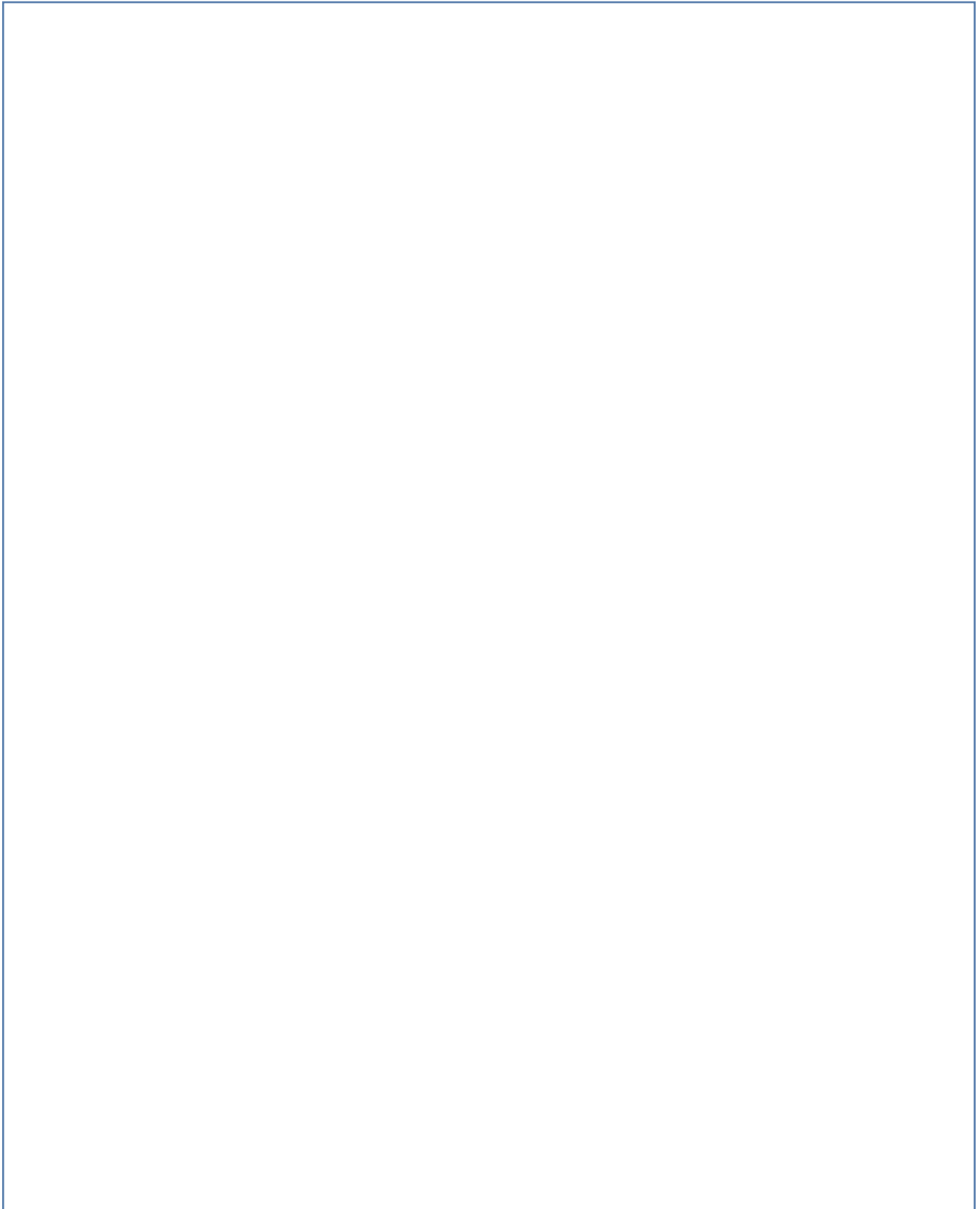


Provide any additional information that you would like us to know about your Disability Program grant and/or the effectiveness of your grant.

**Question #43**

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

**Question #43** (cont.)

A large, empty rectangular box with a thin blue border, intended for providing additional information about the Disability Program grant and its effectiveness.

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

**Question #44**

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Provide any additional information that you would like us to know about the data submitted.  
**Question #44** (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