

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

## **Semi-Annual Performance Report for Transitional Housing Assistance Grant Program**

### **Brief Instructions**

This reporting tool details the Annual Performance Report questions for the Transitional Housing Assistance Violence Against Women Formula Grant Program (Transitional Housing Program). A report must be completed for each grant received. Grant partners 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 must complete the required sections. Required questions are marked with an asterisk (\*). For all other sections, grantees must answer an initial question about whether they used Transitional Housing Program funds to support certain activities during the current reporting period. If the response is yes, then the grantee must complete that section. If the response is no, the rest of that section is skipped.

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

For further information on filling out this report, refer to the separate instructions, which contain detailed definitions and examples.

### **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, 145 N Street NE, Washington, DC 20530.

## General Information

*All grantees must complete the General Information section.*

**1. Date of report**

**2. Current reporting period**

**3. Grantee name**

**4. Grant number**

*The federal grant number assigned to your Transitional Housing Program grant.*

**5. Type of performance report**

- Final
- Regular

**6. Point of contact**

*Provide information for the person responsible for the day-to-day coordination of the grant.*

- First name
- Last name
- Agency/organization name
- Address
- City
- State
- Zip code
- Telephone
- Email

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

- Yes
- No

**8. Is this a culturally-specific community-based organization?**

- Yes
- No

**9. Does this grant specifically address and focus on tribal populations?**

- Yes
  - If yes, which tribes/nations?
- No

**10. Does your grant support the creation of products in languages other than English or provide services in languages other than English?**

- Yes
  - If yes, what languages?
- No

**11. What percentage of your Transitional Housing Program grant was directed to each of these areas?**

*Estimate the approximate percentage of funds (or resources) used to address each area with your Transitional Housing Program grant during the current reporting period. The grantee may choose how to make the determination of how to calculate this. Grantees should consider training, staff time, victims services, etc. when making this determination.*

*Throughout this form, the term **sexual assault** means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks the capacity to consent. The term **domestic violence/dating violence** applies to any pattern of abusive 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 engaging in 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.*

	<b>Percentage of grant funds</b>
Sexual assault	
Domestic violence/dating violence	
Stalking	
<b>Total (must equal 100%)</b>	

## Staff Information

**1. Were Transitional Housing Program funds used to fund staff time (at your agency, at a partner agency, contractors, or stipends) during the current reporting period?**

- Yes
- No

**2. Staff**

*Report the total number of full-time equivalent (FTE) staff funded by the Transitional Housing Program grant during the current reporting period.*

- *Reporting 1.00 FTEs means a staff person worked full-time and was 100% funded by the grant for the entire reporting period. Typically, one FTE is equal to 1,040 hours (40 hours per week multiplied by 26 weeks).*
- *FTEs should be prorated to reflect when a staff person did not work-full time and/or when was not 100% funded by the Transitional Housing Program grant for the entire reporting period.*
- *Report staff by the function(s) they performed, not by title.*
- *Round and report FTEs to the second decimal place. For example, if you calculate an FTE to be 0.66667, then rounding to the second decimal would mean this FTE would be reported as 0.67 FTE.*

Staff Function	FTE(s)
Administrator	
Attorney <i>(does not include prosecutor)</i>	
Case Manager	
Children's advocate	
Counselor	
Information technology staff	
Legal advocate <i>(does not include attorney or paralegal)</i>	
Outreach worker	
Paralegal	
Program coordinator	
Security	
Support staff	
Translator/interpreter	
Victim advocate <i>(non-governmental)</i>	

Staff Function	FTE(s)
Other (specify):	
<b>Total</b>	

SAMPLE

## Coordinated Community Response

### 1. Coordinated community response activities

*This question is required. Select all agencies/organizations that you provided referrals to/received referrals from, met with, or engaged in consultation with during the current reporting period. Also indicate if the agency/organization is an MOU partner. If Transitional Housing Program-funded staff participated in a task force or work group, check all attendees.*

Agency/organization	Provided referrals to/received referrals from, met with, or engaged in consultation with	MOU Partner
Advocacy organization		
Abuser intervention program		
Corrections ( <i>probation, parole, and correctional facility staff</i> )		
Court		
Domestic violence organization		
Educational institutions/organizations		
Faith-based organization		
Governmental agency		
Health/mental health organization		
Law enforcement		
Legal organization		
Prosecutor's office		
Sex offender management/sex offender treatment provider		
Sexual assault organization		
Social service organization ( <i>non-governmental</i> )		
Tribal government/Tribal governmental agency		
Other (specify): _____		

2. **Discuss the effectiveness of CCR activities funded or supported by your Transitional Housing Program grant and provide any additional information you would like to share about your CCR activities.**

SAMPLE

## Policies and Legislation

- 1. Were Transitional Housing Program funds used to develop, substantially revise, or implement policies or protocols or to develop or promote State, local, or tribal legislation and policies during the current reporting period?**

- Yes
- No

- 2. Type of organizations/agencies in which policies or protocols were developed, substantially revised, or implemented**

*Indicate the organizations/agencies in which policies or protocols were developed, substantially revised, or implemented using Transitional Housing Program funds during the current reporting period.*

- Courts
- Healthcare
- Law enforcement
- Legal services
- Probation, parole, or another correctional agency
- Prosecution
- Supervised visitation
- Transitional housing
- Victim services
- Other (specify)

- 3. Describe the protocols and/or policies developed, substantially revised, or implemented with Transitional Housing Program funds during the current reporting period.**

- 4. Describe the development or promotion of State, local, or tribal legislation and policies with Transitional Housing Program funds during the current reporting period.**

*Use the space below to discuss the development or promotion of State, local, or tribal legislation and policies that were supported with Transitional Housing Program funds.*

## Victim Services

1. **Were Transitional Housing Program funds used to provide victim services (including legal services provided by an attorney or paralegal) during the current reporting period?**

*Select yes if Transitional Housing Program funds were used to support victim services during the current reporting period. Report all victims served and victim services provided with Transitional Housing Program funds, whether by a victim services agency or victim services within law enforcement, prosecution, or the court system in this section. If the grantee is funding a victim assistant or victim-witness coordinator within law enforcement, prosecution, or the court system, they should complete the victim services section to capture that staff's grant-funded work.*

- Yes
- No

2. **Number of victims/survivors who were fully served, partially served, and not served**

*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 requested or accepted Transitional Housing Program-funded services during the current reporting period should be counted only once in that reporting period. Do not report secondary victims here.*

**Served:** A victim/survivor should be reported as served if they requested and/or accepted grant-funded services and the program was able to provide all of those services.

**Partially Served:** A victim/survivor should be reported as partially served if they accepted and/or requested grant-funded services and the program was able to provide some, but not all, of those services.

**Not Served:** A victim/survivor should be reported as not served if the program could not provide any of the grant-funded services that the victim accepted and/or requested.

	<b>Victims/survivors</b>
Served	
Partially served	
<b>Total Served &amp; Partially Served</b>	
Not Served	

**3. Number of victims/survivors who received Transitional Housing Program-funded services for multiple victimizations**

*Report an unduplicated count of victims/survivors reported in the previous question who received Transitional Housing Program-funded support for more than one victimization.*

**4. Select all the additional victimization types, including specific forms of abuse, for which these victims/survivors received Transitional Housing Program-funded services:**

- Sexual assault
- Domestic/dating violence
- Stalking
- Female genital mutilation/cutting
- Adult survivor of child sexual abuse
- Sex trafficking
- Labor trafficking
- Economic abuse
- Technological abuse
- Forced marriage

**5. Describe how Transitional Housing Program funds were used to serve victims/survivors who received grant-funded services for multiple victimizations.**

**6. Number of secondary victims served**

*Secondary victims must have requested/accepted Transitional Housing Program-funded services in order to be reported in this question.*

	<b>Children</b>	<b>Other dependent</b>
Secondary victims served		
Partially Served		
<b>Total Served &amp; Partially Served</b>		
Not Served		

**7. Select all of the reasons primary victims/survivors who requested Transitional Housing Program-funded services were partially or not served:**

- Conflict of interest
- Did not meet statutory requirements
- Hours of operation
- Insufficient or lack of culturally appropriate services
- Insufficient or lack of agency capacity to provide language access (including sign language or assistive communication devices)
- Insufficient or lack of services for people with disabilities
- Insufficient or lack of services for people who are D/deaf or hard of hearing
- Lack of childcare
- Program reached capacity
- Program rules not acceptable to victim/survivor
- Program unable to provide service due to limited resources/priority setting
- Services inappropriate or inadequate for victims/survivors with mental health issues
- Services inappropriate or inadequate for victims/survivors with substance abuse issues
- Services otherwise not appropriate for victim/survivor
- Transportation
- Other (specify)

**8. Describe why grant-funded services were not provided, including barriers/challenges your agency faced when providing Transitional Housing Program-funded services, and how those barriers impacted victims/survivors.**

**9. Race/ethnicity**

*Report the demographic information for the victims/survivors reported as served and partially served with Transitional Housing Program funds. Do not report demographics for secondary victims.*

*Report victims/survivors in each category they identify as. At least one race/ethnicity must be reported for each victim/survivor reported as fully served and partially served. Those victims for whom the race/ethnicity is not known should be reported in the "unknown" category.*

<b>Race/ethnicity</b>	<b>Number of victims/survivors</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Hispanic, Latino, or Spanish origin	
Middle Eastern or North African	
Native Hawaiian or other Pacific Islander	
White	
People of a race or origin not listed (specify):	
Unknown	
<b>Total</b>	

## 10. Sex

Report victims/survivors in each category that applies.

Due to Presidential [Executive Order 14168](#) and accompanying guidance from the Office on Management and Budget, OVW amended demographic questions as follows. The term “gender” was changed to “sex,” and the available responsive categories were limited to “male” and “female.” Grantees should report the data that is relevant to those categories in those categories. Grantees should not report data for victims for whom sex is unknown. The total number of victims reported in this section must be less than or equal to the total number of victims served and partially served. As always, victims do not have to share their demographic information to obtain services. Please direct any questions to [OVW.Research@usdoj.gov](mailto:OVW.Research@usdoj.gov).

Sex	Number of victims/survivors
Female	
Male	
<b>Total</b>	

## 11. Age

Report the age of each victim/survivor reported as fully and partially served. Exactly one age must be reported for each victim/survivor reported as fully and partially served. Those victims for whom the age is not known should be reported in the “unknown” category.

Age	Number of victims/survivors
11-17	
18-24	
25-59	
60+	
Unknown	
<b>Total</b>	

## 12. Additional demographics

Report the number of victims/survivors who were served and partially served who identify with these additional demographics if they were willingly disclosed/identified by the victims/survivors. These additional demographics are not required.

Additional demographics	Number of victims/survivors
People with disabilities	
People whose primary language is not English	
People who are D/deaf or hard of hearing	
People who are immigrants/refugees/asylum seekers	
People who live in rural areas	

### 13. Victim services

*Report the Transitional Housing Program-funded services provided to the victims/survivors reported fully and partially served victims. Do not capture legal assistance provided by grant-funded attorneys or paralegals in this question, as that information will be asked for in future questions. Refer to the separate instructions document for service definitions.*

*The first column “Number of victims/survivors served” is an unduplicated count of the number of victims/survivors who received each type of grant-funded service. No individual service category should have a number of victims served greater than the total number of victims served and partially served.*

*The second column “Number of times service was provided” is a total of the number of times each victim in the first column received that services type during the 6-month reporting period.*

Type of Service	Number of victims/survivors served	Number of times service was provided
Civil legal advocacy/court accompaniment		
Counseling/support group		
Criminal justice advocacy/court accompaniment		
Crisis intervention		
Culturally specific services		
Employment counseling		
Financial counseling		
Job training		
Language services		
Material assistance		
Transportation		
Victim/survivor advocacy		
Other (specify): _____		

**14. Support Services for Children and Other Dependents**

*For those children and other dependents reported in Question 6 of the Victim Services section, report the number who received each of these support services during the current reporting period.*

Type of Service	Number of children	Number of other dependents
Child care		
Children's activities		
Counseling/support group		
Crisis intervention		
Language services		
Material assistance		
Transportation		
Victim/survivor advocacy		
Other (specify): _____		

**15. Did your Transitional Housing Program grant-funded program provide follow-up services to victims/survivors that exited, completed, or were terminated from transitional housing?**

- Yes
- No

**16. 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.*

Type of Service	Number of victims/survivors served	Number of children	Number of other dependents
Case management			
Civil legal advocacy/court accompaniment			
Counseling/support group			
Criminal justice			

advocacy/court accompaniment			
Crisis intervention			
Employment counseling			
Financial counseling			
Job training			
Language services			
Material assistance			
Transportation			
Victim/survivor advocacy			
Other (specify): _____			

**17. Discuss the effectiveness of victim services and legal services supported by your Transitional Housing Program grant and provide any additional information you would like to share.**

## Legal Services

**1. Were Transitional Housing Program funds used to provide legal service to victims/survivors during the current reporting period?**

*Select yes if Transitional Housing Program-funded staff (i.e., attorneys or paralegals) provided these services or Transitional Housing Program funds were used to support these services during the current reporting period. If you select yes, be sure you also fill out the Victim Services section.*

- Yes
- No

**2. Number of victims/survivors who received assistance with legal issues**

*Report an unduplicated count of victims/survivors who received assistance with at least one legal issue.*

**3. Number of victims who receive assistance with multiple legal issues**

*Of the victims/survivors who received assistance with legal issues, report the number of victims/survivors who received assistance with more than one type of legal issue during the current reporting period.*

**4. Legal issues**

*Under “Number of victims/survivors receiving legal assistance,” report the number of primary victims/survivors who received legal assistance from Transitional Housing-funded attorneys or paralegals during the current reporting period. Count a victim/survivor once in each legal issue category for which they received assistance with Transitional Housing Program grant funds.*

*Under “Number of cases closed or issues resolved,” report each case that was closed and each legal issue that was resolved during the current reporting period for which services were provided by Transitional Housing Program-funded attorneys or paralegals. Do not include cases that are pending or were not yet closed during the reporting period. It is okay if “Number of cases closed or issues resolved” is less than “Number of victims/survivors receiving legal assistance.”*

Legal Issues	Number of victims/survivors receiving legal assistance	Number of cases closed or issues resolved
Protection orders		
Divorce		
Custody/visitation		
Establishment of paternity		
Child/spousal support		
Other family law matters		
Consumer/finance		
Employment		
Income maintenance		
Housing		
VAWA self-petition		
Cancellation of removal		
U visa		
T visa		
Other immigration matters		
Criminal issues		
Educational issues		
Other (specify):		

## Transitional Housing

**1. Were Transitional Housing Program funds used to support housing units?**

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

- Yes
- No

**2. Type and number of housing units funded**

Report the number and type of housing units supported with Transitional Housing Program funds.

Type of housing units	Program-owned units	Program-rented units	Vouchers/rent subsidies
Scattered			
Clustered			
Co-located with domestic violence emergency shelter			
Co-located with homeless emergency shelter			
Other (specify)			
<b>Total</b>			

**3. 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.

Type of housing units	Number of units accessible to people with disabilities
Scattered	
Clustered	
Co-located with domestic violence emergency shelter	
Co-located with homeless emergency shelter	
Other (specify)	
<b>Total</b>	

**4. Number of victims/survivors, children, and other dependents not served or partially served solely due to lack of available housing.**

Of the victims/survivors, children, and other dependents that were reported as partially served or not served in Question 2 of the Victim Services section, report those that were partially served or not served due solely to the lack of available housing.

	<b>Number partially or not served due solely to lack of available housing</b>
Victims/survivors	
Children	
Other dependents	
<b>Total</b>	

### 5. Shelter services

*Report the number of Transitional Housing Program-funded transitional housing services provided to victims/survivors and accompanying family members during the current reporting period. Under the "Victim/survivors," "Children," and "Other dependents" provide an unduplicated count of the number of victims and family members who received Transitional Housing-funded shelter services. Under the "Number of bed nights," provide a total number of nights for those victims/survivors and family members during the 6-month reporting period.*

<b>Transitional Housing</b>	<b>Victims/survivors</b>	<b>Children</b>	<b>Other dependents</b>
Number of people			
Number of bed nights			

### 6. Transitional housing and destination upon exit

*For those victims/survivors reported in Question 2 of the Victim Services section, report the number of victims/survivors in each destination category upon them exiting 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.*

<b>Destination upon exit</b>	<b>Number of victims/survivors</b>
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 (e.g., 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)	
<b>Total</b>	

**7. 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.*

	<b>Great risk of violence</b>	<b>Equal risk of violence</b>	<b>Lower risk of violence</b>	<b>Does not know</b>	<b>Unknown (e.g., did not ask victim)</b>
Number of victims/survivors					

**8. Length of stay/exited**

*For victims/survivors, children, and other dependents who exited your grant-funded transitional program during the current reporting period, report the number of months each person stayed in the housing program.*

<b>Number of months</b>	<b>Victims/survivors</b>	<b>Children</b>	<b>Other dependents</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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**9. Reason for termination and destination upon termination**

*For those victims/survivors reported in Question 2 of the Victim Services section, 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.*

<b>Destination upon termination</b>	<b>Chronic non-payment of rent</b>	<b>Non-compliance with program rules</b>	<b>Violation of lease agreement</b>	<b>Other</b>
Domestic violence emergency shelter				
Health care facility/substance abuse treatment program				
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)				

**10. Length of stay/terminated**

*For victims/survivors, children, and other dependents who were terminated from your grant-funded transitional program during the current reporting period, report the number of months each person stayed in your housing program.*

<b>Number of months</b>	<b>Victims/survivors</b>	<b>Children</b>	<b>Other dependents</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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**11. Discuss the effectiveness of housing assistance funded or supported by your Transitional Housing Program grant.**

## Narrative

- 1. Report on the status of your Transitional Program grant goals and objectives as of the end of the current reporting period.**

*This question is required. Report on the status of the goals and objectives as they were identified in your grant proposal or as they have been added or revised.*

- 2. What do you see as the most significant areas of remaining need, with regard to improving services to victims/survivors, increasing victims/survivors' safety, and enhancing community response (including offender accountability)?**

*This question is required for the January-June reporting period. Consider geographic regions, underserved populations, service delivery systems, types of victimization, and challenges and barriers unique to your jurisdiction.*

- 3. What has Transitional Housing Program funding allowed you to do that you could not do prior to receiving this funding?**

*This question is required for the January-June reporting period.*

- 4. Provide additional information regarding the effectiveness of your grant-funded program.**

*If you have any other data or information that you have not already reported that demonstrate the effectiveness of your Transitional Housing Program grant, please provide it below.*

- 5. Provide additional information to explain the data submitted on this form.**

*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 performance reports for the same reporting period, you may explain how the data was apportioned to each report; if you reported staff but did not report any corresponding activities, you may explain why; or if you did not use Transitional Housing Program funds to support either staff or activities during the reporting period, please explain how program funds were used.*