

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
DOMESTIC VIOLENCE MONTHLY REPORT
EMERGENCY SHELTER REPORT:**

AGENCY **MONTH** **YEAR**

COUNTIES SERVED

People Served

Section A

The following 4 questions are based off how many people stayed in shelter or received non-shelter services regardless of when they entered the program. This is **NOT** a total of duplicated and unduplicated. From the 1st of the month till the last day of the month how many:

Q1: Adults stayed in shelter this month? **Q2:** Children stayed in shelter this month?

Q3: Adults received supportive services this month? **Q4:** Children received supportive services this month?

Victim Demographic Information
Unduplicated: Served first time since October 1st.
Duplicated: Served 2 or more times since October 1st.

	Unduplicated Shelter A-01	Unduplicated Non-Shelter A-02	Duplicated Shelter	Duplicated Non-Shelter
Women				
Men				
Not Specified				
Total Adults				
Children (including # from Youth IPV category)				
Youth IPV Victim (this # is a subset of children)				
Race/Ethnicity	Unduplicated Shelter	Unduplicated Non-Shelter		
Black or African American				
American Indian/Alaska Native				
Asian				
Hispanic or Latino				
Native Hawaiian/Other Pacific Islander				
White				
Unknown/Other				

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Age	Number of Service Contacts	
	Un-duplicated Shelter	Un-duplicated Non-Shelter
0-6		
7-12		
13-17		
Total Children (must match total children served)		
18-24		
25-29		
30-35		
36-40		
41-45		
46-50		
51-55		
56-59		
60-65		
66-70		
71+		
Unknown		
Total adults (much match total served)		
Marital Status	Un-duplicated Shelter	Un-duplicated Non-Shelter
Single		
Married		
Total (must match total served)		

Socio-Economic Status	Number of Service Contacts	
	Un-duplicated Shelter	Un-duplicated Non-Shelter
Above Poverty		
Below Poverty		
Unknown Economic Status		
Total (must match total served)		
Accessibility	Un-duplicated Shelter	Un-duplicated Non-Shelter
Physical Disability		
Mental Disability		
Alcohol Abuse		
Drug Abuse		
Alcohol and Drug Abuse		
Immigrants/Refugees/Asylum Seekers		
Limited English Proficiency		
Childhood Background	Un-duplicated Shelter	Un-duplicated Non-Shelter
Physical Abuse Victim		
Sexual Abuse Victim		
Witnessed Domestic Violence		

For ALL Clients Served:

The categories below are for all clients served regardless of when they entered the program

Shelter Services Indicate the number of shelter nights for each person that arrives and is provided a bed, including on-site shelter, safe home or hotel room. Count the # of people housed times the number of nights.

Section B

Shelter Nights	
Unmet Requests for Shelter	
Shelter Exit	Number of Shelter Clients
Follow up contact hours	
New Residence	
Returned Home	
Transitional Housing	
Unknown	

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Supportive Services Section C	Shelter	Non-Shelter
Number of Support Groups		
Adult Supportive Counseling & Advocacy	Shelter	Non-Shelter
Individual Supportive Counseling & Advocacy		
Group Supportive Counseling & Advocacy		
Children's Supportive Counseling & Advocacy Section D	Shelter	Non-Shelter
Individual		
Group		
Activities for Children & Youth	Shelter	Non-Shelter
Individual Activities		
Group Activities		
Additional Information Section E	Shelter	Non-Shelter
Victim Needed Emergency Medical Service		
Reported to Law Enforcement		
Pets Threatened		
Pets Harmed		
Property Damaged		
DSS Referrals Section F	Shelter	Non-Shelter
To CPS		
From CPS		
Open CPS Cases		
To APS		
From APS		
To FI/Snap/Other Financial		
From FI/Snap/Other Financial		

Section G

Relationship to Batterer	Number
<input type="text"/>	

(Use text box if you have

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES DOMESTIC VIOLENCE MONTHLY REPORT EMERGENCY SHELTER REPORT:

Overall Program Report Section H

Crisis Calls	
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Safety Plans	Total Number of Safety Plans Given
Face to Face	
Telephone	

Information/Referalls	Total Number of Referalls
Face to Face	
Telephone	
Mail/Email	

Volunteer Information	
Number New Volunteers	
Number Active Volunteers	
Volunteer Hours	
Volunteer Trained Hours	

Court Services	Number of Hours	
Legal Advocacy Hours		
	Number of Hearings	Service Contacts
Criminal Court		
Civil Court		
Victim/Witness Notification		
Orders of Protection	Number Filed	Number Granted

Community Education	Number of Presentations	Number of Partipants
Adults/General Population		
Youth Targeted		
Community Awareness Activities	Number of Activities	Number Media Presentations
Awareness Activities		

Victim Services	Number of Service Contacts	
Domestic Violence Hospital Responses		
Supervision/Visitation & Exchange		
Other (please specify in box to the right)		

Program Changes		Select Program Change from the Left, and use the box below to describe changes.
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Service Outcome Data:

For each service area from which you collected outcome data, indicate how many surveys were completed and how many YES responses you received to each of the outcome questions (resources and safety).

Section I

Survey Type	Number of Surveys Completed	Number of Yes Responses to Resource Outcome	Number of Yes Responses to Safety Outcome
Shelter Survey			
Support services and advocacy survey			
Counseling survey			
Support group survey			
TOTAL			

Narrative Responses

Attach a separate document with the labeled responses to each of the below elements.

Section J

1	For services supported in whole or in part by your FVPSA grant, share a story about a client, service or community initiative.
2	What does the FVPSA grant allow you to do that you wouldn't be able to do without this funding?
3	Describe any efforts supported in whole or in part by your FVPSA grant to meet the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity, sexual orientation or gender identity or geographic isolation. Describe any ongoing challenges.
4	Describe significant prevention and outreach activities, supported in whole or in part by your FVPSA grant, during the program month.
5	Provide information on the evaluation of the effectiveness of your domestic violence programming
6	(Optional) Provide any additional information that you would like us to know about your FVPSA-supported domestic violence program, i.e., the unmet needs of victims in your community, other funding sources used for programming or service trends that are emerging in your community.

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Instructions for Section A - People Served Unduplicated

Unduplicated: Served first time since October 1st of the reporting year (October 1-September 30)

If the grantee has concerns that providing the data below will allow a report reader to personally identify a victim, then use the boxes for "not specified" or "unknown" for that client's data.

A-01 Shelter (including safe homes)	Number of new domestic violence victims (clients) seen for the first time during this reporting period who received shelter services (including a shelter facility managed by the program, safe home or hotel). Clients should be counted once regardless of the number of times served during the fiscal year. Clients who received shelter should only be counted in this element and not counted in A-02 even though they may have received non-shelter services also. Clients who were referred to another domestic violence shelter program <i>should not</i> be counted here. Count will be within program only and not unduplicated across programs statewide.
A-02 Non-Shelter (supportive services only)	Clients who received <i>only</i> non-shelter services should be counted in this category. Exclude clients served only by Batterer Intervention Programs (they are counted on a separate report) and those served by a hotline only. <i>Count should be within program only and not unduplicated across programs statewide.</i>
Youth IPV Victim	Count the number of youth under the age of 18 who were identified as victims of intimate partner violence (IPV). This number is a subset of the total number of children served. For example, a program served 100 children & youth of which 8 identified as Youth IPV Victims. Report as Children & Youth - 100; Youth IPV Victim - 8 which means the 8 Youth IPV Victims are counted in both fields. Child abuse cases do not count as IPV victims.
Race/ Ethnicity	Report the race and/or ethnicity of the clients served, including children and youth. Clients may self-identify in more than one category, i.e., White and Hispanic. Therefore, the total number may exceed the total numbers in A-01 and in A-02.
Age	Report the ages of the clients served, including children and youth. These demographic totals should equal the program's numbers totaled in A-01 and in A-02. For example, if the program served 30 women, 62 children and 2 men, the total for all the ages should add up to 94.
Marital Status	Count the number of clients whose legal marital status is single or divorced. These demographic totals should equal the program's numbers totaled in A-01 and in A-02. For example, if the program served 30 women and 2 men, the total for marital status should add up to 32.
Socio- Economic Status	Use TANF guidelines to determine economic status <ul style="list-style-type: none"> • Above Poverty • Below Poverty • Unknown Economic Status These demographic totals should equal the program's numbers totaled in A-01 and in A-02. For example, if the program served 30 women and 2 men, the total for socio-economic status should add up to 32.
Accessibility	<p>All FVPSA funded programs are required to serve survivors who have disabilities, be accessible to victims in need, no matter what their status or documentation, regardless of their Tribal affiliation, and those with Limited English Proficiency, including victims who are deaf or hard of hearing and use any type of sign language.</p> <p>Persons with a physical or mental impairment which substantially limits one or more major life activities Examples include: AIDS, alcoholism, blindness or visual impairment, cancer, deafness or hearing impairment, diabetes, drug addiction, heart disease, and mental illness</p> <p>LEP persons are those individuals who do not speak English as their primary language and have a limited ability to read, write, speak or understand English.</p> <p>For HHS Office of Civil Rights guidance on the Americans with Disabilities Act and the Rehabilitation Act of 1973 please see: http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html</p> <p>For HHS Office of Civil Rights guidance on serving immigrant victims, please see: http://www.hhs.gov/ocr/civilrights/resources/specialtopics/origin/domesticviolencefactsheet.html</p>

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Childhood Background	Physical Abuse Number of adult clients who experienced childhood physical abuse Childhood Sexual Abuse Number of adult clients who experienced childhood sexual abuse Childhood Witness Number of adult clients who as children witnessed domestic violence between their caregivers (parents, grandparents, etc)
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Instructions for Section A - People Served Duplicated
Duplicated: Served two or more times since October 1st of the reporting year (October 1-September 30). If a client was seen during a previous reporting year and this is their first time receiving services this fiscal year, do NOT count them in this section, but in the section above.

A-03 Shelter (including safe homes)	Number of domestic violence victims (clients) seen, regardless of the number of times served during the fiscal year, who received shelter services (including a shelter facility managed by the program, safe home or hotel). Clients who received shelter should only be counted in this element and not counted in A-04 even though they may have received non-shelter services also. Clients who were referred to another domestic violence shelter program <i>should not</i> be counted here. Count will be within program only and not duplicated across programs statewide.
A-04 Non-Shelter (supportive services only)	Clients who received <i>only</i> non-shelter services should be counted in this category. Exclude clients served only by Batterer Intervention Programs (they are counted on a separate report) and those served by a hotline only. <i>Count should be within program only and not unduplicated across programs statewide.</i>

Instructions for Section B -Shelter Services
 This section is for all shelter clients served regardless of when they entered the program

Shelter Nights	Indicate the number of shelter nights for each person who arrives and is provided a bed, including on-site shelter, safe home or hotel room. Include victims of domestic violence and their dependents. Count the number of people housed times the number of nights. For example, a victim and her 3 children stay in the shelter or safe house for 5 nights - 4 people x 5 nights = 20 shelter nights. Shelter includes on-site shelter managed by the domestic violence program, program-sponsored hotel rooms and safe homes (residences of volunteers who offer their private homes for short-term crisis situations) or other temporary housing that your program arranges. Nights that a victims stays in a shelter (i.e., a shelter in a nearby county) not managed by your program should not be counted.
Unmet Requests for Shelter	Count the number of unmet requests for shelter due to program shelter, safe homes or sponsored hotel rooms being at capacity or unavailable. Count the adult victims of domestic violence only. This count should not include individuals who were not served because their needs were inappropriate for the services of your program, i.e., homelessness not related to domestic violence. Count the total number of times requests for shelter were declined, even if the program provided other services.
Follow-Up Contact Hours	Total number of hours spent following up on residents who have left shelter.
New Residence	Total number of residents who left shelter in order to reside in a new residence
Returned Home	Total number of residents who left shelter in order to return home with the abuser
Transitional Housing	Total number of residents who have left shelter in order to reside in transitional housing provided by your agency or another agency (ex. a half-way house).
Unknown Residence	Total number of residents who have left shelter whose whereabouts are unknown

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Instructions for Section C - Supportive Services for Adults

This section is for all adult clients served regardless of when they entered the program

Number of Support Groups	Number of support groups provided to shelter residents/non-shelter service recipients for the month If your program has more than one shelter, be sure to include total number of all groups in shelter column Community agencies that give presentations in shelter (Ex. Planned Parenthood, Housing Services) may be counted here <i>Do not count house meetings regarding chores/program improvement here</i>
Individual	Count the total number of service contacts provided regardless of length. A contact could be a thirty minute counseling session in shelter or several hours to accompany a survivor to court. Do not count brief encounters such as distribution of toiletries, giving out a survey to complete, etc. Supportive services are services such as crisis intervention, safety planning, individual counseling, educational services, legal advocacy, personal advocacy, housing advocacy, medical advocacy, information/referral, transportation and home visits. Individuals provided legal advocacy will be counted a second time in Section H (see instructions below)
Group	Count the total number of sessions for each individual in attendance at the group. For example, 5 support groups with 10 individuals at each = 50 service contacts. Some examples of groups are support groups or psycho-educational groups.

Instructions for Section D- Supportive Counseling/Advocacy for Children & Youth

This section is for all children clients served regardless of when they entered the program

Individual	Count total number of service contacts with children under the age of 18. These supportive services provided to children may be crisis intervention, safety planning, individual counseling or educational services. For example, if an advocate meets 3 different times with a client to have a safety planning session, drive to an appointment and provide crisis counseling, then the count would be 3 service contacts.
Group	Count the total number of sessions for each individual in attendance at the group. For example, 4 groups with 8 individuals at each = 32 service contacts. Some examples of groups are support groups for children who are exposed to domestic violence or art therapy groups.

Activities for Children & Youth

Counts in this section are non-IPV related services provided.

Individual Activities	Count total number of service contacts with children that fall outside of child advocacy including contacts such as mentoring or recreational opportunities.
Group Activities	Count the total number of service contacts that fall outside of child advocacy including recreational activities, child care, etc. For example, a field trip to a park for 4 children residing in shelter = 4 service contacts.

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Instructions for Section E- Additional Information

Count the number of service contacts (individuals) for shelter and non-shelter services. This section is for all adult clients served regardless of when they entered the program

Victim Needed Emergency Medical Service	Number of clients who have had to seek emergency medical services as a result of their abuse either for the incident they are in shelter for now or in the past.
Reported to Law Enforcement	Number of victims who have had law enforcement intervene as a result of their abuse either for the incident they are in shelter for now or in the past.
Pets Threatened	Number of clients that report their pets have/are being threatened by the abuser
Pets Harmed	Number of clients that report their pets t have been harmed (including deaths) by the abuser
Property Damaged	Number of clients who report that property was damaged by the abuser (Ex. A broken TV set, a car that has been disabled, smashed vases/pictures, items thrown in the trash, etc.)

Instructions for Section F- Additional Information

Count the number of service contacts (individuals) for shelter and non-shelter services. This section is for all clients served regardless of when they entered the program. This section is not for referrals made by the DV Liaison. There is separate reporting form for those services.

To CPS	Count how many people (adults and children) you referred to CPS Ex. A woman and her 3 children would be a total of 4 referrals
From CPS	Count how many adults a CPS caseworker referred to your program for services
Open CPS Cases	Count the number of open CPS cases for survivors that you are serving This number may include referrals that you have made to CPS This number may include cases that were opened prior to the survivor receiving services from your program
To APS	Count how many adults you referred to APS A vulnerable adult is a person eighteen years or older who has a physical condition or mental condition which substantially impairs the person from adequately providing for his/her own care or protection. This includes impairments due to infirmities of aging including, but not limited to, organic brain damage, advanced age, and physical, mental, or emotional dysfunction. Legal competency is not an issue for consideration
From APS	Count how many adults an APS caseworker referred to your program for services.
To FI/Snap/Other Financial	Count how many adults you referred to FI/Snap/ or other financial assistance from DSS
From FI/Snap/Other Financial	Count how many adults an FI/Snap/other financial assistance caseworker referred to your program for services.

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Instructions for Section G - Relationship to Batterer

Count the number of service contacts (individuals) for shelter and non-shelter services. This section is for all adult clients served (shelter and non-shelter) regardless of when they entered the program.

There are 5 drop down boxes for you to choose the relationship to the batterer for all adult clients served during the month. Choose the relationship and then enter the number in the "Number" box to the right that matches the relationship you chose. If you have more than 5 types of relationships, use the text box at the bottom to enter the relationship and number.

Instructions for Section H - Overall Program

This section is for all services provided by your program during the month

Crisis Calls	Calls received on any agency line that relate to an individual or family in need of some kind of service. A program does not have to have a dedicated hotline to count these calls. Count all calls including repeat callers and calls from third parties. Do not count donations, general information about program or violence issues unrelated to a specific individual or family, calls from the media, etc.
Safety Plans	The development of a safety plan with clients receiving services in shelter or non-shelter. Record the number of plans given face to face or over the telephone
Information/ Referrals	<p>Number of referrals given to victims <i>and on behalf of</i> victims. Count all referrals given over the phone, by mail/email, or in person. Do NOT count referrals to other services if the caller is not appropriate for services (ex. a homeless person looking for shelter who you refer to the local homeless program) <i>A referral can be as simple as: please call Joan Smith at the Housing Center for help. Her number is..</i> Do not include educational training, presentation, or general distribution of information at events (there is a separate section for this) Keep in mind you can give one person multiple referrals <i>Ex. If you send Susan to legal aid for an Order for Protection, to a clinic for medical care, and to DSS for FI and Snap then you would record a total of 4 referrals</i></p>
Volunteer Information	<p>Count number of new volunteers for the month</p> <p>Count number of active volunteers for the month and include individuals from all areas, including programmatic (i.e., advocacy, and transportation) and administrative services (i.e., board members and data entry).</p> <p>Count total time rounded to nearest hour.</p> <p>Count total number of hours your program spent training volunteers for the month</p>
Victim Services	Count the number of service contacts (individuals) your program provided service to for the month by responding to the hospital (DV related incidents only. Do NOT include Sexual Assault program services here), by providing supervised visitation/exchange, or by providing other services not listed on the form. Please indicate what "Other" service was provided in the text box.
Court Services	<p>Legal Advocacy Hours Count the total number of hours spent on legal assistance/advocacy for victims. Ex. If you spent 3 hours providing legal advocacy for Susan, 2 hours for Jessica, and another hour to Susan, your total would be 6 hours</p> <p>Court Hearings/Service Contacts Count the total number of hearings attended and total number of service contacts from Section C that were accompanied to those hearings for the month</p> <p>Victim/Witness Notification Number of individuals who were notified in regards to a court hearing, case status, etc.</p> <p>Orders of Protection Count the number of Orders of Protection (OPF) your program assisted victims in filing and how many of those were granted</p>

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Community Education and Public Awareness	
Adults/ General Population	Count the total number of presentations or trainings about domestic violence and/or services related to victims of domestic violence and their children. In addition, count the number of individuals in attendance. Some examples may be a training for health professionals or a workshop for tribal leaders. Include all presentations for a mixed-age audience.
Youth Targeted	Count the total number of presentations or trainings about domestic violence, dating violence, healthy relationships or available services for victims. In addition, count the number of individuals in attendance. Some examples may be a presentation to youth in school on healthy relationships or a workshop for youth at a Safety Day event.
Awareness Activities	<p>Number Report any domestic violence-focused information forums where domestic violence information is distributed, yet an exact count of audience can not be obtained, such as a press conference, booth at a health fair or a Pow Wow.</p> <p>Number Media Number of articles/interviews to the public through the media containing information on the incidence and dynamics of domestic violence</p> <p><i>An interview with local news</i> <i>An article in the newspaper</i> <i>A feature in a magazine</i></p> <p>A single presentation that is shown multiple times throughout the month is counted only once</p> <p>Note: This number is NOT an estimated number of viewers</p>
Program Changes	<p>Please use the drop box to identify what type of change occurred in your program this month. Use the text box to describe changes (ex. new address information, name and position of new employee, etc.)</p> <p>In addition to the information provided here, you must provide written notification of changes within 10 days of program change per your RFP.</p>

Instructions for Section I - Service Outcome Data

Please contact the Shelter Program Coordinator or consult the DSS Monthly Reporting Form 101 PowerPoint training for how to collect/administer the surveys

Service Outcome Data	<p>Domestic violence programs should be collecting outcome information from their clients served. A manual and instructions from the Documenting Our Work Project are available online at the Outcomes webpage from www.vawnet.org homepage (Special Project Participants drop down menu at the bottom right corner --> FVPSA Outcomes --> same username and password - "outcomes"). There are two mandated questions that must be asked of clients.</p> <p>Because of the services I received, I feel:</p> <ul style="list-style-type: none"> • I know more about community resources (yes or no). • I know more ways to plan for my safety (yes or no). <p>Outcome information may be collected for each service - shelter, support services and advocacy, counseling and support group. However, at a minimum, FVPSA requests outcome information on shelter services from programs that provide shelter services.</p> <p>For each service, count the number of surveys completed and the number of yes responses to each question:</p> <ul style="list-style-type: none"> • I know more about community resources (Resource Outcome). • I know more ways to plan for my safety (Safety Outcome).
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Instructions for Section J - Narrative Responses

Attach a separate document with the labeled responses to each of the listed elements (1 through 6) on the form.