



MONTHLY
services
 REPORT
| January 2005

Program Name Here

Attn: Contact Person

Region: STW

Please mail your completed report by the 15th of the following month to MCADV, 718 East Capitol Avenue, Jefferson City, MO 65101, or fax to (573) 636-3728. If you have questions, please contact either Jennifer Carter or Laura Zahnd at 1-888-666-1911.

Please review the narrative guide for reporting domestic violence services.

SHADED MONTHS INDICATE REPORTS RECEIVED BY MCADV IN 2005
 JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Emergency shelter/transitional housing residents	Women	Men	Children	Total
No. of new shelter/safehome/motel placement residents				
No. of ongoing shelter/safehome/motel residents (Entered in previous mo.)				
Bednights of shelter/safehome/motel placement provided				
No. of new transitional housing residents				
No. of ongoing transitional residents (Entered in previous month)				
Bednights of transitional housing provided				

Non-residential domestic violence program participants	Women	Men	Children	Total
No. of new non-residential program participants				
No. of ongoing non-residential participants (Entered in previous month)				

Number turned away from shelter (Only because your shelter was full)				
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Ethnicity of new participants	Residential			Non-residential		
	Women	Men	Children	Women	Men	Children
African American						
Asian American						
Caucasian						
Latino/Hispanic						
Multiracial/Biracial						
Native American or Alaska Native						
Don't know						
Other (Please specify)						
Other (Please specify)						

Age of new participants									
Adults	Residential		Non-residential		Children	Residential		Non-residential	
	Women	Men	Women	Men		Girls	Boys	Girls	Boys
25 & younger					2 & younger				
26 to 35					3 to 5				
36 to 45					6 to 9				
46 to 59					10 to 13				
60 & older					14 to 17				
Don't know					Don't know				

Hotline calls and/or telephone crisis intervention calls								
Face-to-face crisis intervention services	Residential			Non-residential			Total	
	Women	Men	Children	Women	Men	Children		
	No. of individuals served (Count each person only once)							
Total no. of hours of service provided								
Case management services	Residential			Non-residential			Total	
	Women	Men	Children	Women	Men	Children		
	No. of individuals served (Count each person only once)							
Total no. of hours of service provided								
Domestic violence support groups				Women	Men	Children	Total	
No. of groups led by staff, volunteer, peer or other layperson								
No. of individuals attending (Count each person's attendance at every group)								
Licensed professional therapy/Therapeutic groups				Women	Men	Children	Total	
No. of individuals receiving professional therapy								
Total no. of therapy hours provided								
No. of therapeutic groups led by a licensed professional therapist								
No. of individuals attending (Count each person's attendance at every group)								
Life skills/Parenting/Adult education/Other groups				Women	Men	Children	Total	
No. of groups/classes held								
No. of individuals attending (Count each person's attendance at every group)								
Court advocacy/Legal representation				Residential		Non-residential		Total
				Women	Men	Women	Men	
No. of individual adults assisted with <i>Ex Parte</i> Order of Protection								
No. of individual adults assisted with Full Order of Protection								
No. of individual adults assisted with Child Order of Protection								
No. of individual adults assisted with other civil/criminal matters								
No. of adults for whom you obtained legal services								
No. of adults for whom you provided legal representation								
Total no. of hours of court advocacy services provided								
Total no. of hours of legal representation provided								
Batterer intervention services					Women	Men	Total	
No. of new participants who volunteered for batterer intervention services								
No. of new participants court ordered to batterer intervention services								
No. of groups held								
No. of individuals attending groups (Count each person's attendance at every group)								
No. of individuals receiving counseling								
No. of individual counseling hours provided								
Training and community education presentations							Total	
No. of all training and community education presentations								
Total no. of individuals attending training and community education presentations								
Number of volunteer hours								