

**MARYLAND DEPARTMENT OF HUMAN RESOURCES  
COMMUNITY SERVICES ADMINISTRATION  
OFFICE OF VICTIM SERVICES**

**RAPE CRISIS QUARTERLY OUTCOME MEASURES REPORT**

**AGENCY NAME** \_\_\_\_\_

**CONTRACT/AGREEMENT #** \_\_\_\_\_ **REPORT QUARTER/YEAR** \_\_\_\_\_

Please complete the following information for cases closed during the specific quarter. This information pertains only to those victims receiving face-to-face counseling where a treatment or service plan has been developed.

	<b>QUARTERS</b>				
	1 <sup>ST</sup> Jul-Sept	2 <sup>ND</sup> Oct-Dec	3 <sup>RD</sup> Jan-Mar	4 <sup>TH</sup> Apr-Jun	YTD Cumulative
1. <u>Number</u> of counseling cases closed during the quarter.					
2. <u>Number</u> of rape/sexual assault victims who have, at case closing, reached their short term goals to alleviate the immediate crisis, as outlined in their treatment (service) plan.					
3. <u>Percentage</u> of rape/sexual assault victims who have, at case closing, reached their short term goals to alleviate the immediate crisis, as outlined in their treatment (service) plan.					

\_\_\_\_\_  
Name of Preparer (Please Print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date