

SITE NAME:

SITE #

MONTH _____ YEAR _____

Table I

I. NEW INDIVIDUAL COUNSELING AND ADVOCACY CLIENT DEMOGRAPHICS

Please use ONLY the codes listed on the corresponding tables. Each new client should be assigned a unique id number that will remain constant throughout his or her use of the center's services. Each client should only be listed in this table once (only for the month that they first used a service)

If you need more space, photocopy this page and attach (page ___ of ___)

	Client ID <i>(Unique number)</i>	Client Type Code <i>(Table A)</i>	Town Code <i>(Table B)</i>	Gender Code <i>(Table A)</i>	Sexual orientation Code <i>(Table A)</i>	Race Code <i>(Table A)</i>	Ethnicity Code <i>(Table E)</i>	Primary Language Code <i>(Table F)</i>	Age Group Code <i>(Table A)</i>	Disability type Code <i>(Table A)</i>	Referral source Code <i>(Table A)</i>
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

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Table II

II. INDIVIDUAL SHORT TERM COUNSELING AND CLIENT ADVOCACY SESSIONS

Please use ONLY the codes listed on the corresponding tables. Each counseling, advocacy, or collateral session should be entered on a separate line. Advocacy is defined as accompaniment to one of the settings listed below, other than the RCC.

If you need more space, photocopy this page and attach (page ___ of ___)

	CLIENT ID #	SESSION TYPE CODE (Table A) if "Other", specify	SETTING CODE (Table A) if "Other", specify	SESSION HOURS	COLLATERAL HOURS
1				.	.
2				.	.
3				.	.
4				.	.
5				.	.
6				.	.
7				.	.
8				.	.
9				.	.
10				.	.
11				.	.
12				.	.
13				.	.
14				.	.
15				.	.
16				.	.
17				.	.
18				.	.
19				.	.
20				.	.

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Table III

III. GROUP COUNSELING SESSIONS

(list each session separately)

Please use ONLY the codes listed on the corresponding tables. If you need more space, photocopy this page and attach (page ___ of ___)

	Group Type <i>If "10", write in type</i>	Town Code <i>(Table B)</i>	# Clients	# New Group Clients*	Population Specific Code <i>(Table A)</i>	Gender Code <i>(Table A)</i>	Age Group Code <i>(Table A)</i>	# Hours
1								.
2								.
3								.
4								.
5								.
6								.
7								.
8								.
9								.
10								.
11								.
12								.
13								.
14								.
15								.
16								.
17								.
18								.
19								.
20								.

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IV. SEXUAL ASSAULT HOTLINE CALLS

# SURVIVIOR CALLS	# SIGNIFICANT OTHER CALLS*	# PROFESSIONAL CALLS	# HOURS
			.

* Significant Other Includes

- spouse/partner
- other family member
- friend/acquaintance

V. VOLUNTEER STAFFING

	EDUCATION	COUNSELING & HOTLINE
# Hours program spent training volunteers this month	.	.
# Volunteers this month		
Total number of volunteer hours provided this month	.	.