

GRANT PROJECT STATISTICAL REPORT

Due October 15th, January 17th, April 15th, and July 15th

Three-Month Reporting Period: _____ Grant #: _____

Name and Address of Subgrantee:

_____ Telephone #: () _____
Fax #: () _____

Name of Person Completing Form: _____ Signature: _____

GROUPS	VISITATION	EXCHANGE	TOTAL
1. Number of <u>New</u> Client Groups:	_____	_____	=====
2. Number of <u>Returning</u> Client Groups:	_____	_____	=====
3. Total Number of <u>New</u> and <u>Returning</u> Client Groups:	=====	=====	=====
4. Number of <u>Continuing</u> Client Groups:	_____	_____	=====
INDIVIDUALS	VISITATION	EXCHANGE	TOTAL
5. Number of <u>New</u> Individuals:	Adults _____	_____	=====
	Children _____	_____	=====
6. Number of <u>Returning</u> Individuals:	Adults _____	_____	=====
	Children _____	_____	=====
7. Total Number of <u>New</u> and <u>Returning</u> Individuals:	=====	=====	=====
8. Number of <u>Continuing</u> Individuals:	Adults _____	_____	=====
	Children _____	_____	=====
9. Total Number of Supervised Visitation Contacts:			=====
10. Total Number of Supervised Exchange Contacts:			=====
11. Number of <u>Returning</u> and <u>Continuing</u> Client Groups Formerly Receiving Visitation Services, but Now Receiving Exchange Services:			=====
12. Number of <u>Returning</u> and <u>Continuing</u> Client Groups Formerly Receiving Exchange Services, but Now Receiving Visitation Services:			=====

New and Returning Individuals

13. **Person Responsible for Bringing the Child(ren) to the Program:**

Guardian ad litem _____
 CASA _____
 Child Placement Agency _____
 Other (specify) _____
TOTAL (all categories): _____

INDIVIDUALS

New and Returning Individuals

14. **Race/Ethnicity:**

	Females		Males	
White/Caucasian	_____		_____	
Black/African American	_____		_____	
Native American	_____		_____	
Spanish/Hispanic/Latino	_____		_____	
Asian or Pacific Islander	_____		_____	
Bi-Racial	_____		_____	
Other (specify)	_____		_____	
TOTAL:	=====	+	=====	=
				=====

New and Returning Individuals

15. **Age:**

	Females		Males	
0 to 2	_____		_____	
3 to 5	_____		_____	
6 to 8	_____		_____	
9 to 11	_____		_____	
12 to 14	_____		_____	
15 to 17	_____		_____	
18 to 27	_____		_____	
28 to 35	_____		_____	
36 to 43	_____		_____	
44 to 51	_____		_____	
52 to 59	_____		_____	
60 +	_____		_____	
TOTAL:	=====	+	=====	=
				=====

New and Returning Individuals

16. **Special Needs:**

	Adults		Children	
Physical	_____		_____	
Mental Health	_____		_____	
Non-US Citizen	_____		_____	
Non-English Speaking	_____		_____	
Other (specify)	_____		_____	
TOTAL (all categories):				=====

New and Returning Individuals

17. **Sex of Adults:**

	Females		Males	
Residential	_____		_____	
Non-Residential	_____		_____	
TOTAL (all categories):				=====

GROUPS

New and Returning Client Groups

18. **Marital Status of Adult Client Groups:**

	Visitation		Exchange	
Never Married	_____		_____	
Married	_____		_____	
Separated	_____		_____	
Divorced	_____		_____	
Other (specify)	_____		_____	
TOTAL (all categories):				=====

New and Returning Client Groups

19. **Source of Referral:**

Courts _____
Private Attorney _____
Other Family Member(s) _____
Domestic Violence Program _____
Mental Health Professional _____
Self-Referred _____
Other (specify) _____

TOTAL (all categories): _____

New and Returning Client Groups

20. **Reason for Referral:**

Partner Abuse _____
Child Physical Abuse _____
Child Sexual Abuse _____
Child Neglect _____
Substance Abuse _____
Mental Illness _____
Flight Risk _____
Family Re-integration _____
Other (specify) _____

TOTAL (all categories): _____

New and Returning Client Groups

21. **Frequency of Contacts:**

	Visitation	Exchange
Monthly	_____	_____
Bimonthly	_____	_____
Weekly	_____	_____
Biweekly	_____	_____
More than twice a week	_____	_____

TOTAL (all categories): _____

New and Returning Client Groups

22. **Paying for Services:**

	Visitation	Exchange	TOTAL
No Payment	_____	_____	
Partial Payment	_____	_____	
Full Payment	_____	_____	

TOTAL (all categories): _____

New and Returning Client Groups

23. **Participation is:**

	Visitation	Exchange
Voluntary	_____	_____
Mandatory	_____	_____

TOTAL (all categories): _____

24. **Length of Time Client Groups Continue Participating in Service:**

(Cases closed in this quarter)

	Visitation	Exchange
1 to 2 months	_____	_____
3 to 5 months	_____	_____
6 to 9 months	_____	_____
10 months to 1 year	_____	_____
2 years	_____	_____
3 years	_____	_____
4 or more years	_____	_____

TOTAL (all categories): _____

25. **Number of Client Groups Successfully Completing the Service:**

(Cases closed in this quarter)

	Visitation	Exchange
	_____	_____

26. **Number of Terminations of Service:** (Cases closed in this quarter)

27. **Referrals Made During This Reporting Period:**

Drug/Alcohol Treatment	_____
Private Attorney	_____
Domestic Violence Program	_____
Mental Health Professional	_____
Batterers' Treatment	_____
Other (specify)	_____

TOTAL (all categories): _____

28. **Number of Client Groups Applying for Services or Referred to Your Program:**

	Visitation	Exchange	TOTAL
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29. **Number of Client Groups the Agency is Unable to Serve:**

Security Risk	_____
Inappropriate Referral	_____
Agency Has Reached Maximum Capacity	_____
Client's Financial Inability	_____
Other (specify)	_____

TOTAL (all categories): _____

30. **Number of Security Related Incidents:**

(Please specify the nature of the incident)
