



2000 M Street Suite 480
Washington, DC 20036
PHONE (202) 467-8700
FAX (202) 467-8701

SERVICE REFERRAL QUESTIONNAIRE -2007

OMB Control Number 1103-0066

Join Our Service Referral Network

If you work with victims of crime, the National Center wants to be able to refer callers to you. Complete our on-line Service Referral Questionnaire to get referrals to your organization.

For more information about our program, e-mail the Victim Services Staff at gethelp@NCVC.org

**This Questionnaire can also be filled out on the Internet at:
http://www.ncvc.org/ncvc/main.aspx?dbID=DB_ProviderQ658**

AGENCY NAME: _____

CONTACT PERSON: _____

TITLE: _____

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

COUNTIES SERVED: _____

HOURS: _____

OFFICE PHONE: (____) _____

HOTLINE: (____) _____

TDD/TTY: (____) _____

TOLL-FREE: (____) _____

FAX: (____) _____

Agency E-mail: _____

Additional E-mail: _____

Web Site: <http://>_____

Please indicate the languages in which you can provide services, other than spoken English:

- American Sign Language
- French
- Hmong
- Korean
- Spanish
- Vietnamese
- Other: _____

Please indicate if these services are provided by:

Paid Staff _____ Volunteer _____ Outside interpreters _____

Agency Type:

Nonprofit For-profit Criminal justice Other Government

Please indicate if your services are:

Local _____ Statewide _____ Nationwide _____ International _____ College _____

Please indicate if you charge fees for your services Yes _____ No _____

If yes, please indicate if you offer a sliding fee scale Yes _____ No _____

VOCA:

Yes No

Groups Served:

Males

- All Ages
- Children (0-12)
- Teens (13-18)
- Adults
- Elderly

Females

- All Ages
- Children (0-12)
- Teens (13-18)
- Adults
- Elderly

Please indicate whether your agency is specially trained or equipped to meet the needs of victims who are or have:

- | | |
|---|--|
| <input type="checkbox"/> Deaf/Hearing Impaired | <input type="checkbox"/> Physically disabled |
| <input type="checkbox"/> Developmentally disabled | <input type="checkbox"/> Visually impaired |
| <input type="checkbox"/> Gay/Lesbian/Transgender | <input type="checkbox"/> Immigrants |
| <input type="checkbox"/> Living with HIV | <input type="checkbox"/> Psychiatric History |
| <input type="checkbox"/> Military families | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Other: _____ | |
-

Services Provided by Your Agency:

- | | |
|---|---|
| <input type="checkbox"/> Address Confidentiality Program | <input type="checkbox"/> Information and Referral |
| <input type="checkbox"/> Assistance in Filing Compensation Claims | <input type="checkbox"/> Legal Advocacy |
| <input type="checkbox"/> Assistance with Restitution | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Attorney Referral | <input type="checkbox"/> Medical Accompaniment |
| <input type="checkbox"/> Case Advocacy | <input type="checkbox"/> Notification |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Shelter/Safe House |
| <input type="checkbox"/> Court Accompaniment | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Training/ Technical Assistance |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Restraining orders |
| <input type="checkbox"/> Hotline | <input type="checkbox"/> Victim/ offender mediation |
| <input type="checkbox"/> Housing/Housing Assistance | <input type="checkbox"/> Victim's Rights Enforcement |
| <input type="checkbox"/> Individual Counseling | |
| <input type="checkbox"/> Other Services: _____ | |
-

Types of Crime Victims Principally Served:

- | | |
|--|---|
| <input type="checkbox"/> General (provide services to any type of crime victim) OR: | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> Arson | <input type="checkbox"/> Gang Violence |
| <input type="checkbox"/> Assault (general) | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Hate Crime |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Hit and Run |
| <input type="checkbox"/> Car jacking | <input type="checkbox"/> Homicide |
| <input type="checkbox"/> Car theft | <input type="checkbox"/> Identity Theft |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Missing Adults |
| <input type="checkbox"/> Child Sexual Abuse/Incest | <input type="checkbox"/> Missing Children |
| <input type="checkbox"/> Clergy Abuse | <input type="checkbox"/> Non-criminal event |
| <input type="checkbox"/> Dating Violence (teen) | <input type="checkbox"/> Property Crime |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Domestic Violence Stalking | <input type="checkbox"/> September 11 |
| <input type="checkbox"/> Drunk/Drugged Driving | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Elder/ Vulnerable Adult Abuse | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Terrorism |
| | <input type="checkbox"/> Trafficking |
-

Other Comments: _____

DISCLAIMER

I understand the National Center for Victims of Crime will be using the above information to direct victims, service providers and general callers to our services. I am authorized by this agency to give permission to the National Center for Victims of Crime to use and release said information.

Name	Title	Date
------	-------	------

Paperwork Reduction Act: The COPS Office and its grantees try to create forms and instructions that are accurate and easily understood. The public burden for this form is estimated at 15 minutes per respondent, including time for reviewing instructions and completing this form. There is no estimated record keeping burden associated with the information collection. The COPS Office welcomes your comments regarding this burden estimate or any other aspects of this form, including suggestions for reducing this burden. Send comments to: COPS Office, PPSE Division, 1100 Vermont Avenue, NW, Washington, DC 20530, and to the Office of Management and Budget, Paperwork Reduction Project: OMB No. 1103-0066, Washington DC 20530.

OMB Number 1103-0066

Expiration date 7/31/07

Respondents are not required to respond to this information collection unless it displays a currently valid OMB Control Number.