

We identified you as someone who has recently been in contact with the OVC TTAC Call Center. In order to help OVC TTAC better serve the field, we are reaching out to obtain your feedback. We will protect the privacy of your information in accordance with the Federal Privacy Act, and we will protect the confidentiality of your responses using procedures we have in place. Answers to these questions will be reported after aggregating all responses. Your participation in this survey is completely voluntary. If you have any questions about this survey or the evaluation, please contact [TTACEval@icf.com](mailto:TTACEval@icf.com).

Please indicate the extent to which you agree or disagree with the following statements.

<b>OVERALL ASSISTANCE</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not Applicable</b>
1. OVC TTAC was responsive to my questions and needs.	1	2	3	4	5	NA
2. The information/assistance I received was easy for me to understand.	1	2	3	4	5	NA
3. The information/assistance I received will help me in my work.	1	2	3	4	5	NA
4. The information/assistance I received met my professional goals.	1	2	3	4	5	NA
5. I am satisfied with the information/assistance I received.	1	2	3	4	5	NA
6. I will return to OVC TTAC for my training and technical assistance needs.	1	2	3	4	5	NA

7. How did you first hear about OVC TTAC? **(Mark one.)**

- OVC TTAC website
- Exhibit or presentation at a conference
- Link from another website/Searching the Internet
- Colleague or friend
- Publication or newsletter
- OVC program monitor or other OVC staff person
- Other (please specify): \_\_\_\_\_

8. How often have you used OVC TTAC in the last 12 months? **(Mark one.)**

- 1–3 times
- 4–6 times
- 7–9 times
- 10+ times

9. How did you access OVC TTAC? **(Mark all that apply.)**

- OVC TTAC website
- Toll-free number for Call Center
- OVC program monitor or other OVC staff person
- Email
- TTY
- Other (please specify): \_\_\_\_\_

10. Why did you use/contact OVC TTAC? **(Mark all that apply.)**

- Request general information about OVC or OVC TTAC
- Obtain general information about victim services
- Obtain a referral for direct services
- Access online materials or training
- Join the listserv or mailing list
- Apply to be a consultant/trainer
- Acquire help for technical problems on website
- Request or apply for assistance:
  - Technical assistance
  - Training
  - Funding for a conference/event or speaker
  - Scholarship
  - National Victim Assistance Academy
  - Other (please specify): \_\_\_\_\_

11. In general, how promptly was your request acknowledged? **(Mark one.)**

- Immediately
- Within 1 day
- Within 2–3 days
- Within 1 week
- More than 1 week
- My request was not acknowledged

12. Would you recommend OVC TTAC to others?  Yes  No

Paperwork Reduction Act Notice

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. The estimated average time to complete this form is 10 minutes. If you have comments regarding the accuracy of this estimate or additional suggestions, please write to the OVC TTAC evaluation team at [TTACEval@icf.com](mailto:TTACEval@icf.com) or 9300 Lee Highway, Fairfax, VA 22031.

13. What did you find most helpful about OVC TTAC's resources?

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14. What could be done differently to improve your experience with OVC TTAC?

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15. Do you have any other comments or suggestions?

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16. Which of the following best describes your gender identity? (Mark one.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Male             | <input type="checkbox"/> Transgender Female                       | <input type="checkbox"/> Two-Spirit                               |
| <input type="checkbox"/> Female           | <input type="checkbox"/> Genderqueer/NonConforming/<br>Non-Binary | <input type="checkbox"/> Not Listed (option to specify):<br>_____ |
| <input type="checkbox"/> Transgender Male |   |   |

17. Which of the following best describes your race/ethnicity? (Mark all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or<br>Pacific Islander | <input type="checkbox"/> Not Listed (option to specify):<br>_____ |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White Non-Latino or<br>Caucasian       |   |
| <input type="checkbox"/> Black/African American           |   |   |
| <input type="checkbox"/> Hispanic/Latino                  |   |   |

18. Which of the following best describes the organization in which you work? (Mark all that apply.)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Community-Based/Grassroots | <input type="checkbox"/> Health/Mental Health Services | <input type="checkbox"/> Military                         |
| <input type="checkbox"/> Criminal Justice Agency    | <input type="checkbox"/> Human/Social Services         | <input type="checkbox"/> Research                         |
| <input type="checkbox"/> Education                  | <input type="checkbox"/> Legal Services                | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Faith-Based                | <input type="checkbox"/> Legislation/Policymaking      |   |

19. Which types of victim services do you provide for crime victims in your current position? (Mark all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> I do not provide direct services | <input type="checkbox"/> Criminal Justice System<br>Advocacy/Assistance | <input type="checkbox"/> Notification                     |
| <input type="checkbox"/> Child Care                       | <input type="checkbox"/> Housing/Shelter                                | <input type="checkbox"/> Transportation                   |
| <input type="checkbox"/> Compensation/Restitution         | <input type="checkbox"/> Information/Referral                           | <input type="checkbox"/> 24-Hour Hotline                  |
| <input type="checkbox"/> Counseling                       | <input type="checkbox"/> Medical/SANE/SART                              | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Crisis Intervention              |   |   |

20. Which of the following best describes the number of years of experience you have in your current field of work? (Mark one.)

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> Less than 3 years | <input type="checkbox"/> 3 to 5 years | <input type="checkbox"/> 6 to 10 years | <input type="checkbox"/> More than 10 years |
|--|---------------------------------------|--|---|

21. Which of the following best describes your primary role in your current position? (Mark all that apply.)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Direct Delivery/Front Line Staff | <input type="checkbox"/> Consultant/Trainer | <input type="checkbox"/> Other (please specify):<br>_____ |
| <input type="checkbox"/> Management/Administrative Staff  | <input type="checkbox"/> Volunteer          |   |

22. Which of the following best describes the population you serve? (Mark all that apply.)

- |  |                                   |
|--|-----------------------------------|
| <input type="checkbox"/> National                              | <input type="checkbox"/> Local    |
| <input type="checkbox"/> State                                 | <input type="checkbox"/> Urban    |
| <input type="checkbox"/> Tribal                                | <input type="checkbox"/> Rural    |
| <input type="checkbox"/> International, list country:<br>_____ | <input type="checkbox"/> Suburban |

23. Please provide your city and state (i.e., location of organization or professional address).

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24. Please list any marginalized or underserved populations you serve.

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*Thank you for taking the time to complete this form and helping to improve OVC TTAC activities.*