

SAMPLE INVENTORY OF EXISTING SERVICES REFERRAL QUESTIONNAIRE

1. Agency Information

Name of Agency

Name of Contact Person

Street Address

City

State

Zip

Telephone

Fax

2. Services Provided

What primary services do you offer to, or on behalf of, crime victims?

Counseling

Support Group

Legal assistance

Medical care

Court advocacy/escort

Reference

Other (Please specify)

What support services is your organization able to provide to crime victims?

Emergency funds

Child care

On call response

Lock replacement

Transportation

Other (Please specify)

3. Charges for Services

Does your organization charge victims for its services?

Yes _____ No _____

If yes, what arrangements are available to assist clients with limited resources?

4. Sources of Annual Revenue for Services Provided

Please indicate sources of revenue for services to crime victims and an approximate percentage of organizational income from each.

Federal government

United Way/CFC/Etc.

State and local government

Crime Victims' Compensation

Individual contributions

Third party payments

5. Field Offices / Branch Locations

Does your organization have field offices or branch locations?

Yes _____ No _____

If yes, how many of them serve victims? _____

Locations: *If necessary, please attach additional pages with addresses of field offices or branch locations, hours of operation of each, proximity to public transportation, accessibility to individuals with disabilities, and foreign languages or interpreter services.*

Location: _____

Location: _____

Hours of Operation: _____ to _____

Hours of Operation: _____ to _____

of Blocks to Public Transportation: _____

of Blocks to Public Transportation: _____

Accessible to individuals with Disabilities:

Accessible to individuals with Disabilities:

Yes _____ No _____

Yes _____ No _____

Location: _____

Location: _____

Hours of Operation: _____ to _____

Hours of Operation: _____ to _____

of Blocks to Public Transportation: _____

of Blocks to Public Transportation: _____

Accessible to individuals with Disabilities:

Accessible to individuals with Disabilities:

Yes _____ No _____

Yes _____ No _____

6. Staff Information

How many paid staff provide services for, or on behalf of, crime victims? _____

Staff educational levels: *Indicate the number of staff below reflecting their highest level of educational attainment.*

_____ high school diploma _____ bachelor's degree _____ master's degree _____ post graduate
_____ other

Does your organization provide staff training? Yes _____ No _____

If yes, please describe your training program below. Indicate topics and number of hours of training provided pertaining to crime victims and victim services.

Formal training for new staff: In-service training:

Specialized courses: Provisions for conference and seminar attendance:

Does your organization participate in training programs related to crime victims provided by other agencies or organizations: Yes _____ No _____

If yes, please describe the training provided by other agencies or organizations:

