CHILDREN EXPOSED TO DOMESTIC VIOLENCE SERVICES

Provider Name \_\_\_\_\_\_\_\_\_

Service Month \_\_\_\_\_\_\_\_\_

1. # Clients Served This Month\*\_\_\_\_\_\_\_

2. Please list DPH funded CEDV staff this month\*: (Program can add as many rows as needed)

|  |  |  |
| --- | --- | --- |
| Position Title | Employee Name | FTE |
|  |  |  |
|  |  |  |

3. OPTIONAL: Please briefly summarize any accomplishments and/or challenges that your program experienced this month:

|  |
| --- |
|  |

Assessment Complete.