General Community-Based Domestic Violence Services

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

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

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

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

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

GCBDVS Flex-Funds Information

3. Did your program provide flex funds this month?\* Yes No (3a-3j will only appear if the answer is yes)

|  |  |
| --- | --- |
|  | # of Clients |
| 3a. # Clients Provided Flex Funds This Month\* |  |

|  |  |
| --- | --- |
|  | Flex Fund $ Amounts  |
| 3b. $ Amount for **Utilities** This Month  | $ |
| 3c. $ Amount of Flex Funds for **Housing** This Month  | $ |
| 3d. $ Amount for **Vehicle** **Costs** This Month | $ |
| 3e. $ Amount for **Relocation** **Costs** This Month | $ |
| 3f. $ Amount for **Document Costs** This Month | $ |

|  |  |
| --- | --- |
| 3g. $ Amount for **Medical/Dental Costs** This Month |  |
| 3h. $ Amount for **Immediate Safety** **Costs** This Month |  |

|  |  |
| --- | --- |
| 3i. $ Amount for **Education/Certification** This Month | $ |
| 3j. $ Amount for **Other Costs** This Month  | $ |

For **Other Costs**, please specify other costs for the month invoiced\*. (Shows up only when Other Costs are indicated)

|  |
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|  |

4. OPTIONAL – Please share a story about how flex funds helped a survivor or family. Do not include personally identifying information.

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|  |

Total $ Amount of Flex Funds Provided This Month: (Automatically generated by EIM).

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

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|  |

Assessment Complete.