**RAPE CRISIS CENTERS**

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

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

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

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

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

|  |  |
| --- | --- |
| 3. How many times did an RCC advocate go to a hospital to provide medical accompaniment services this month?\* |  |

4. How many RCC satellite locations do you have under your Comprehensive RCC contract?\*

⃝ Zero

⃝ One

⃝ Two

⃝ Three

⃝ Four

⃝ Five

⃝ Six

[Questions below will drop down in association with the number of satellite locations as dictated by response to Q4, above]

 4.1a. Select the name of the town of your satellite site:\*

|  |
| --- |
|  |

4.1b. Did you serve any clients at this location this month?\* Yes     No

4.1c. Did you serve 7 or more clients at this location this month?\* Yes   No

4.1d. Please indicate number of clients served\* \_\_\_\_\_\_\_\_\_ (pops up only if response is yes to above question)

 4.2a Select the name of the town of your satellite site:\*

|  |
| --- |
|  |

4.2b. Did you serve any clients at this location this month?\* Yes     No

4.2c. Did you serve 7 or more clients at this location this month?\* Yes   No

4.2d. Please indicate number of clients served\* \_\_\_\_\_\_\_\_\_(pops up only if response is yes to above question)

 (4.3a….additional questions according to how many satellite sites are indicated in Q4)

5. # of RCC Hotline calls from sexual violence survivors\*: \_\_\_\_\_\_\_\_\_\_\_

6. # of sexual violence-related RCC hotline calls from all other sources (secondary survivors, professionals, etc.)\*: \_\_\_\_\_\_\_\_\_\_\_

7. If your RCC operates the Llámanos Spanish-Language Hotline contract, # of sexual violence-related calls on Llámanos Hotline: \_\_\_\_\_\_\_\_\_\_\_

1. # of sexual violence incidents (or serial abuse situations) **reported by PRIMARY sexual violence survivors** that had NOT been reported to a MA RCC previously\*
2. # of sexual violence incidents (or serial abuse situations) **reported by SECONDARY sexual violence survivors** (e.g., family, friend, professional, etc.) that had NOT been reported to a MA RCC previously\*
3. # of sexual violence incidents (or serial abuse situations) reported by someone whose **relationship to a survivor is unknown** that had NOT been reported to a MA RCC previously.\*

11. OPTIONAL: Please briefly note any challenges or accomplishments that your RCC program has experienced this month.

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