

**Office of Victim Services
Victim Assistance Programs
Fiscal Year July 1, 2015 to June 30, 2016**

Units of Service

In the chart below, please identify the estimated length of time for each service that your agency provides under the OVS funded project. Include only those services that are funded by OVS or project matching funds

This chart is to be completed at the start of the project year and should be submitted to OVS by July 15th of each year.

Agency name: _____

Project name: _____

| Direct Service Provided | Estimated length of time for each service (minutes) |
|---|--|
| Crisis counseling | |
| Follow-up | |
| Therapy | |
| Group treatment/support | |
| Shelter/safehouse | |
| Information/referral (in person) | |
| Criminal justice support/advocacy | |
| Emergency financial assistance | |
| Emergency legal assistance | |
| Compensation claim assistance | |
| Personal advocacy | |
| Phone contact: information/referral | |
| Other: child care | |
| Other: crisis hotline counseling | |
| Other: safety planning | |
| Other: translation/interpreter services | |
| Other: transportation | |
| Other: victim impact statements | |
| Other (specify): | |
| Other (specify): | |
| Other (specify): | |