

ALASKA COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT HOTLINE LOG

Month/Year: _____

Employee: _____

+ Select only one of the options

Day of Phone Call

																		Total
Approximate Age <i>(Required)</i>																		
+ Gender - Female/Male/Other <i>(Required)</i>	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
+ Primary Victim/Secondary Victim/ Other Type of Participant <i>(Required)</i>	PV																	
	SV																	
	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
+ Primary Issue - DV/SA/Stalking/Other <i>(Required)</i>	DV																	
	SA																	
	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
+ Call Type - Crisis Phone Call/ Info & Referral Call <i>(Required)</i>	Crisis																	
	I&R																	
Safety/Lethality Check																		
Medical Advocacy																		
Personal Support																		
Public/Tribal Assistance																		
Employment																		
Housing																		
Food																		
Child Support																		
VCCB Claims																		
Child Protective Services																		
Adult Protective Services																		
Transportation - Emergency																		
Drug Abuse Treatment Referral																		
Alcohol Abuse Treatment Referral																		
Emergency Medical Intervention Referral																		
Law Enforcement Referral																		
Batterers Intervention Referral																		
Drug Abuse Treatment																		
Alcohol Abuse Treatment																		
Emergency Medical Intervention																		
Law Enforcement																		
Batterers' Intervention																		
Reasons Partially Served (Codes on Back)																		Reverse

Total**Reasons Partially Served Codes**

	A - <i>Program reached capacity</i> : Program is operating at full capacity. Victims/survivors may be placed on a waiting list.
	B - <i>Need not documented</i> : Determination is made that there is not sufficient basis to provide the services requested by the victim/survivor. For example, a victim/survivor requests shelter even though she has had not contact or threats from her batterer for more than two years and she is not in danger. Therefore, the need for shelter is not documented, even though she is a victim/survivor.
	C - <i>Did not meet eligibility or statutory requirements</i> : Victim/survivor does not meet eligibility requirements of program or does not meet requirements of statute. For example, a participant seeks shelter services but cannot be considered to be a victim of domestic or sexual violence. While your program may provide shelter services, a participant who is not a victim of domestic or sexual violence cannot be tracked in the ANDVSA database.
	D - <i>Program rules not acceptable to victim/survivor</i> : Although eligible for services under the grant, a victim/survivor is not willing to comply with rules of the program. For example, a program requires eight individual counseling sessions and the victim/survivor does not want to attend individual counseling.
	E - <i>Services not appropriate for victim/survivor</i> : For any reason, the services available under the grant are not appropriate for a victim/survivor. For example, although support groups are offered under the grant for survivors of sexual assault, a victim/survivor requesting support group services is not served because it is clinically determined that the victim/survivor is not appropriate for the group.
	F - <i>Transportation problems</i> : Victim/survivor is unable to arrange for transportation to receive services. This includes situations in which public transportation is available but cannot be arranged due to the associated costs.
	G - <i>Conflict of interest</i> : The program cannot serve the victim/survivor because current or previous relationships with that victim/survivor or other parties related to that victim/survivor would interfere with the ability of the program to serve that victim/survivor. For example, the program is currently serving a victim/survivor. Her partner, identifying as your client's victim, requests to join the same support group as the person you are already serving.
	H - <i>Services inappropriate or inadequate for people with substance abuse problems</i> : Staff are not able, for any reason, to provide appropriate or adequate services for victims/survivors with substance abuse problems.
	I - <i>Services inappropriate or inadequate for people with mental health problems</i> : Staff are not able, for any reason, to provide appropriate or adequate services for victims/survivors with mental health problems.
	J - <i>Inadequate language capacity (including signing)</i> : Interpreter services not available or not available at the time the victim/survivor is seeking services. Victims/survivors may be placed on a waiting list to receive interpreter services, but have not been served by the end of the current reporting period.
	K - <i>Insufficient/lack of culturally appropriate services</i> : Services currently provided under the grant are not culturally appropriate for the victim/survivor.
	L - <i>Insufficient/lack of services for people with disabilities</i> : The services provided under the grant are not accessible to people with disabilities. For example, a participant may seek services from your program with a physical disability which hinders their utilization of services. While every accommodation should be made to provide services, if certain aspects of the services you provide are not met due to a participant's disability, this should be recorded as such.
	M - <i>Geographic or other isolation of victim/survivor</i> : Staff or volunteers cannot serve the victim due to geographic distance or isolation.
	N - <i>Hours of operation</i> : Hours during which the program provides services are not consistent with the hours the victim/survivor is available to receive needed services.