**ATTACHMENT 3**

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| **Annual Targets for Victim/Witness Program Service Objectives (Victims)****Directions:  Please indicate the number of victims your program proposes to serve in FY2019, FY2020, and FY2021.  In addition, list the number of victims who will receive specific services.  (See Victim/Witness Codebook for complete service objectives.  Please note:  not every victim will receive every service below.)****\* Total number of Direct Service Victims to be Served by Program in FY2019**            **FY2020**                 **FY2021**            |
| Service Provided | Goals | Service Provided | Goals |
| **Information & Referral Services** | **FY19** | **FY20** | **FY21** | **Personal Advocacy / Accompaniment, Cont,** | **FY19** | **FY20** | **FY21** |
| 1. Criminal Justice Process |  |  |  | 8. Medical Forensic Exam Perform / Collect |  |  |  |
| 2. Victims’ Rights Explanation | 9. Law Enforcement |  |  |  |
|  |  A. Protection  |  |  |  | 10. Individual Advocacy |  |  |  |
|  | B. Financial Assistance & Social Services |  |  |  | 11. Immigration Assistance |  |  |  |
|  | C. Notices |  |  |  | 12. Intercession |
|  | D. Victim Input |  |  |  |  | A. Employer |  |  |  |
|  | E. Courtroom Assistance |  |  |  |  | B. Creditor |  |  |  |
|  | F. Appeal/ Habeas Corpus Services |  |  |  |  | C. Landlord |  |  |  |
| 3. Referral to Other Victim Services Program |  |  |  |  | D. Academic Institution |  |  |  |
| 4. Referral to Other Victim Services Programs | 13. Child / Dependent Care |  |  |  |
|  | A. Crisis Referrals |  |  |  | 14. Transportation Services |  |  |  |
|  | B. Crime Prevention |  |  |  |  | A. Transportation provided by Agency |  |  |  |
|  | C. Emergency Assistance |  |  |  |  | B. Reservations |  |  |  |
| 5. Victims’ Compensation |  |  |  |  | C. Reimbursement |  |  |  |
| **Personal Advocacy / Accompaniment** | 15. Interpreter Services |  |  |  |
| 6. Emergency Medical Care |  |  |  |
| 7. Medical Forensic Exam Accompaniment |  |  |  |

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| **Victim Service Goals Cont.** |
| Service Provided | Goals | Service Provided | Goals |
| **Emotional Support or Safety Services** | **FY19** | **FY20** | **FY21** | **Criminal / Civil Justice System Assistance, Cont.** | **FY19** | **FY20** | **FY21** |
| 16. Crisis Intervention |  |  |  | 28. Restitution Assistance |
| 17. Hotline / Crisis Line Counseling |  |  |  |  | A. Explanation |  |  |  |
| 18. On-Scene Crisis Response |  |  |  |  | B. Monitoring |  |  |  |
| 19. Individual Counseling |  |  |  |  | C. Collection |  |  |  |
| 20. Support Groups |  |  |  |  | D. Enforcement |  |  |  |
| 21. Other Therapy |  |  |  | 29. Business Restitution |
| 22. Emergency Financial Assistance |  |  |  |  | A. Explanation |  |  |  |
| **Shelter / Housing** | B. Monitoring |  |  |  |
| 23. Emergency Shelter / Safe House |  |  |  |  | C. Collection |  |  |  |
| 24. Transitional Housing |  |  |  |  | D. Enforcement |  |  |  |
| 25. Relocation Assistance |  |  |  | 30. Protective Order |  |  |  |
| **Criminal / Civil Justice System Assistance** | 31. Family Law Issues Assistance |  |  |  |
| 26. Event Notification |  |  |  | 32. Other Emergency Justice-Related Assistance |  |  |  |
|  | A. Case Studies |  |  |  | 33. Immigration Attorney Assistance |  |  |  |
|  | B. Case Dispositions |  |  |  | 34. Prosecution Interview |  |  |  |
|  | C. Advanced Notification |  |  |  |
| 27. Victim Impact Statement |  |  |  |
|  **Victims Service Goals, Cont.** |
| Service Provided | Goals | Service Provided | Goals |
| **Criminal / Civil Justice System Assistance, Cont.** | **FY19** | **FY20** | **FY21** | **Other** | **FY19** | **FY20** | **FY21** |
| 35. Criminal Advocacy / Accompaniment | 36. Other |  |  |  |
|  | A. Notification Assistance |  |  |  |

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INDICATES SERVICES REQUIRED BY VCVWRA

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INDICATES SUBCATEGORIES OF SERVICES REQUIRED BY VCVWRA

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INDICATES SERVICES NOT REQUIRED BY VCVWRABUT RECOGNIZED BY AND REPORTED BY VOCA.  |
|  | B. Liaison re: Prisoner Status |  |  |  |
|  | C. Confidentiality Forms |  |  |  |
|  | D. Criminal Justice Process |  |  |  |
|  | i. Support |  |  |  |
|  | ii. Explanation of Steps |  |  |  |
|  | E. Parole Input |  |  |  |
|  | F. Escort |  |  |  |
|  | G. Closed Preliminary Hearing |  |  |  |
|  | H. Closed Circuit TV |  |  |  |
| **Annual Targets for Victim/Witness Program Service Objectives (Witnesses)****Directions:  Please indicate the number of witnesses your program proposes to serve in FY2019, FY 2020 and FY2021.  In addition, list the number of witnesses who will receive specific services below.  (See Victim/Witness Codebook for complete service objectives.  Please note:  not every witness will receive every service below.)****\*   Number of Direct Service Witnesses to be Served by Program in FY2019             FY2020                 FY2021** |
| Service Provided | Goals | Service Provided | Goals |
|  | **FY19** | **FY20** | **FY21** |  | **FY19** | **FY20** | **FY21** |
| 1. Witness’ Rights Information (Pre-Printed) |  |  |  | 3.Protection  |  |  |  |
| 2. Witness’ Rights Explanation |  |  |  | 4. Intersession - Employers |  |  |  |
|  | A. Protection  |  |  |  | 5. Assistance w/ Interpreter Services |  |  |  |
|  | B. Employer Services |  |  |  | 6. Dispositions |  |  |  |
|  | C. Confidentiality  |  |  |  | 7. Courtroom Explanations |  |  |  |
|  | D. Interpreter Service |  |  |  | 8. Courtroom Tours |  |  |  |

\* Denotes the total number includes individuals who may have been counted more than once during the reporting period.

 **ATTACHMENT 3**

**Program Development**

Check below to indicate whether these requirements have been met or will be met.

1.**®Separate Waiting Areas**     Yes          No

    2.        Directory of Services             Yes             No

    3.        Continuance Notification        Yes           No

    4.        Campus Sexual Assault       Yes                No      Service Provision # of Hours

**Other Required Certifications**

Check below to indicate agreement to comply with limitation on witness services, non-supplantation, evaluation and reporting requirements, confidentiality, and use of volunteers.

1. Grant funded staff hours devoted to the provision of services to witnesses will be limited to 5% or less: Yes                  No
2. Grant funds will enhance or expand direct services to crime victims and witnesses and will not be used to supplant (replace) other funds.  Grant funds may **not** be used to replace or substitute for state and/or local government funds that would otherwise be available for crime victim assistance services. Yes                    No
3. Applicant agrees to collect required evaluation and reporting data and submit it to DCJS by the 12th working day after the close of each quarter and comply with any other programmatic and financial reporting requirements.  Yes                         No
4. Applicant agrees to maintain confidentiality of client-counselor information, as required by law. See attachment 9 for sample Confidentiality Statement. Yes                        No
5. Applicant agrees to use volunteers. The Victim/Witness Program will use volunteers and interns to provide direct and generic services to crime victims and witness under the supervision of program staff. The volunteers or interns can be recruited from local high schools and area colleges or universities and will be trained and supervised by program staff members. Yes                        No

® Denotes required by Virginia’s Crime Victim and Witness Rights Act.