



# 2002-2003 Victim Services Survey



Please make any corrections to the address label and other contact information here:	
Name of organization	
Postal Address	
City	
Province	Postal Code

**Please complete and return by November 28, 2003**

### Purpose of the Victim Services Survey

The purpose of the Victim Services Survey is to collect data on the agencies that provided services to primary and secondary victims of crime during the previous 12 months of operation, as well as to provide a one-day "snapshot" of the clientele being served on a specific date. The survey also collects annual information from criminal injuries compensation/financial benefits programs for victims of crime. The Victim Services Survey is distributed across Canada to all system-based, police-based, court-based,

community-based and corrections-based victim services, sexual assault centres and provincial/territorial financial benefits programs for victims of crime. While participation in this survey is voluntary, your co-operation is important to ensure that information collected in this survey is as accurate and comprehensive as possible. The information collected will be useful for service providers, non-government organizations and governments for developing programs, policies and services for victims of crime.

## SECTION 1 – Agency profile as of noon on October 22, 2003

**PLEASE READ THE ATTACHED GUIDEBOOK FOR INSTRUCTIONS AND DEFINITIONS WHILE COMPLETING THE QUESTIONNAIRE.**

### AGENCY

1. Please indicate which best describes your agency (if your victim service agency is part of a larger agency please provide information for the victim service component only).

*(Check all that apply. If your agency is a combined agency – e.g. with a police-based component and a separate community-based component – please check all that apply.)*

#### REFER TO GUIDE BOOK FOR DEFINITIONS

- |  |  |
|--|--|
| <p>1 <input type="radio"/> Police-based</p> <p>2 <input type="radio"/> System-based (Newfoundland and Labrador, Prince Edward Island, Nova Scotia, and New Brunswick only)</p> <p>3 <input type="radio"/> Victim Crisis Assistance and Referral Service (Ontario only)</p> <p>4 <input type="radio"/> Victim/Witness Assistance Program</p> <p>5 <input type="radio"/> Crown-based Public Assistance Office (Alberta only)</p> <p>6 <input type="radio"/> Other court-based (please specify)</p> <p>_____</p> <p>_____</p> | <p>9 <input type="radio"/> Sexual Assault/Rape Crisis Centre</p> <p>10 <input type="radio"/> Other community-based</p> <p>11 <input type="radio"/> Criminal injuries compensation program è <b>Please go directly to Section 5 and only complete this section</b></p> <p>12 <input type="radio"/> Other financial benefits program for victims of crime è <b>Please go directly to Section 5 and only complete this section</b></p> <p>13 <input type="radio"/> Other (please specify)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p>7 <input type="radio"/> Corrections-based – provincial/territorial victim notification services</p> <p>8 <input type="radio"/> Corrections-based – federal victim notification services è <b>Complete only Sections 1 to 3</b></p>  |  |

2. Does your agency provide services to clients other than primary or secondary victims of crime?

- 1  Yes    2  No    **Go to Question 4**

3. Please indicate the percentage of your annual clientele you would estimate is victims of crime.

	%
--	---

**AREA**

4. Please indicate the area(s) your agency serves (**Check all that apply**).

- 1  Urban/suburban  
 2  Rural/village  
 3  Reserve

5. Is your agency located on a reserve?

- 1  Yes    2  No

**POPULATIONS TARGETED FOR SERVICE**

6. Please indicate which population(s), if any, your agency targets for service. Include both primary and secondary victims. (**Check all that apply**)

Adult victims of...	Male	Female	Both Sexes
1) Child Sexual Abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2) Sexual Assault	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
3) Partner Abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
4) Other Domestic Violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
5) Residential School Abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
6) Violence (general)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
7) Workplace Violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
8) Criminal Harassment (Stalking)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
9) Political Persecution/Torture	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
10) Fraud/Economic/Property Crime	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
11) Impaired Driving Offences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
12) Hate & Bias Crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
13) All Adult Victims/No Specific Population(s) Targeted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
14) Other (please specify)			
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Senior victims of...	Male	Female	Both Sexes
15) Partner Abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
16) Elder Abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
17) Other Types of Crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
18) Other (please specify) :			
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Child or youth victims of...	Male	Female	Both Sexes
19) Sexual Abuse or Sexual Exploitation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
20) Physical Abuse/Neglect	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
21) Domestic Violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
22) School-based Violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
23) Violence - General	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
24) Impaired Driving Offences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
25) Hate & Bias Crimes	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
26) All Child/Youth Victims/No Specific Population(s) Targeted	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
27) Other (please specify) :			
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Families of...	Male	Female	Both Sexes
28) Homicide Victims	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
29) Sexually Abused Children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
30) Physically Abused Children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
31) Victims of Residential School Abuse	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
32) Missing, Abducted and Exploited Children	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
33) Victims of Impaired Driving	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
34) All Families of Victims/No Specific Population(s) Targeted Victims	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
35) Other (please specify):			
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

**PROGRAMS**

7. Please indicate if your agency offers specific programs dedicated to any of the following populations, either primary or secondary victims (**Check all that apply**).

- 1  Adults – Females
- 2  Adults – Males
- 3  Adults – Both Sexes
- 4  Seniors – Females
- 5  Seniors – Males
- 6  Seniors – Both sexes
- 7  Children – Females
- 8  Children – Males
- 9  Children – Both Sexes
- 10  Francophones
- 11  Anglophones
- 12  Aboriginal Persons
- 13  First Nations Persons
- 14  Métis Persons
- 15  Inuit Persons
- 16  Ethno-cultural or Visible Minority Persons, please specify group(s)  
a) \_\_\_\_\_  
b) \_\_\_\_\_  
c) \_\_\_\_\_
- 17  Persons with Physical Disabilities
- 18  Persons with Mental Disabilities
- 19  Lesbian/bisexual women
- 20  Gay/bisexual men
- 21  Other (please specify):  
\_\_\_\_\_  
\_\_\_\_\_
- 22  Not Applicable/No dedicated programs

**SERVICES**

8. Please indicate if your agency offers any of the following services either through direct service or referral to other agencies. (**Check all that apply**)

	Direct Service	Referral	Not applicable
1) Assistance with Victim Impact Statements	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
2) Basic needs provision (e.g., food, clothing)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
3) Case/trial updates	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
4) Child protection services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
5) Claims assistance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
6) Compensation – financial	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
7) Compensation – other (e.g. pay fees for professional counselling)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
8) Conflict resolution	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
9) Counseling – couple/family	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
10) Counseling – group	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
11) Counseling – individual	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
12) Court orientation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
13) Court information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
14) Court accompaniment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
15) Crisis/distress line	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
16) Crisis counseling	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
17) Crisis intervention/response	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
18) Critical stress debriefing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

Continued on page 5

8. Continued

	Direct Service	Referral	Not applicable
19) Emergency and disaster responses	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
20) Emotional support	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
21) First aid	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
22) Health/medical services	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
23) Hospital accompaniment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
24) Housing assistance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
25) Information on criminal justice system structure and process	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
26) Legal information and advocacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
27) Liaise with other agencies on behalf of client	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
28) Prevention training (for clients)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
29) Psychological assistance	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
30) Public education	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
31) Restorative justice/mediation measures: orientation and information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
32) Restorative justice/mediation measures: accompaniment & support	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
33) Risk assessment (conduct or coordinate)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
34) Safety planning – immediate	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
35) Safety planning – long term	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
36) Self-help/peer support groups	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
37) Shelter/housing- longer term housing	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
38) Shelter/housing – emergency	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
39) Training (of other agencies, justice personnel, etc.)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
40) Transportation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
41) Victim/witness preparation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
42) Victim notification	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
43) General Information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
44) Advocacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
45) Lobby activities	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
46) Public Education and Prevention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
47) Other (please specify):			
a)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

9. Is your agency involved in the delivery/coordination of restorative justice processes for criminal justice matters?

1  yes    2  No

**10. What is your agency's main method(s) of service delivery to clients? (Check all that apply)**

- 1  Mail
- 2  Telephone
- 3  At scene of incident
- 4  Face-to-face (other than at scene of incident)
- 5  Other (please specify): \_\_\_\_\_

**ACCESSIBILITY**

**11. Is your agency able to accommodate clients who do not speak either English or French?**

- 1  Yes    2  No    **Go to Question 14**

**12. What are the methods used to accommodate clients who do not speak English or French? (Check all that apply)**

- 1  Informal interpreter (e.g. family member, friend, caregiver, advocate of client, etc.)
- 2  Paid interpreter
- 3  Voluntary interpreter (i.e. a person who has no relationship with the clients and performs this specific service free of charge)
- 4  Staff member(s)
- 5  Other (please specify): \_\_\_\_\_

**13. Does your agency have audio or visual materials available for clients in any of the following languages, or staff members or volunteers who can communicate verbally with clients in any of the following languages (Check all that apply)?**

	Audio or visual materials	Staff members or volunteers		Audio or visual materials	Staff members or volunteers
1) English	1 <input type="radio"/>	2 <input type="radio"/>	16) Persian (farsi)	1 <input type="radio"/>	2 <input type="radio"/>
2) French	1 <input type="radio"/>	2 <input type="radio"/>	17) Polish	1 <input type="radio"/>	2 <input type="radio"/>
3) Arabic	1 <input type="radio"/>	2 <input type="radio"/>	18) Portuguese	1 <input type="radio"/>	2 <input type="radio"/>
4) Chinese	1 <input type="radio"/>	2 <input type="radio"/>	19) Punjabi	1 <input type="radio"/>	2 <input type="radio"/>
5) Cree	1 <input type="radio"/>	2 <input type="radio"/>	20) Somali	1 <input type="radio"/>	2 <input type="radio"/>
6) Dutch	1 <input type="radio"/>	2 <input type="radio"/>	21) Spanish	1 <input type="radio"/>	2 <input type="radio"/>
7) German	1 <input type="radio"/>	2 <input type="radio"/>	22) Tagalog (Philipino)	1 <input type="radio"/>	2 <input type="radio"/>
8) Greek	1 <input type="radio"/>	2 <input type="radio"/>	23) Tamil	1 <input type="radio"/>	2 <input type="radio"/>
9) Gujarati	1 <input type="radio"/>	2 <input type="radio"/>	24) Ukrainian	1 <input type="radio"/>	2 <input type="radio"/>
10) Hindi	1 <input type="radio"/>	2 <input type="radio"/>	25) Urdu	1 <input type="radio"/>	2 <input type="radio"/>
11) Hungarian	1 <input type="radio"/>	2 <input type="radio"/>	26) Vietnamese	1 <input type="radio"/>	2 <input type="radio"/>
12) Inuktituk	1 <input type="radio"/>	2 <input type="radio"/>	27) Other language(s) (please specify) :		
13) Italian	1 <input type="radio"/>	2 <input type="radio"/>	a) _____	1 <input type="radio"/>	2 <input type="radio"/>
14) Korean	1 <input type="radio"/>	2 <input type="radio"/>	b) _____	1 <input type="radio"/>	2 <input type="radio"/>
15) Ojibway	1 <input type="radio"/>	2 <input type="radio"/>	c) _____	1 <input type="radio"/>	2 <input type="radio"/>

14. Can your agency accommodate clients with the following physical disabilities? (**Check all that apply**)

- |                            | Yes                     | No                      |
|----------------------------|-------------------------|-------------------------|
| a) Mobility impairment     | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) Hearing impairment      | 1 <input type="radio"/> | 2 <input type="radio"/> |
| c) Visual impairment       | 1 <input type="radio"/> | 2 <input type="radio"/> |
| d) Other (please specify): | 1 <input type="radio"/> | 2 <input type="radio"/> |

If you answered "no" to all of the above, go to question 18.

15. Is at least one of your building entrances wheelchair accessible? (e.g. access ramps, street-level entrances, automatic or easy-to-open doors, etc.)

- 1  Yes    2  No

16. Does your agency have services for people who are deaf or hearing impaired, such as:

- |   | Yes                     | No                      |
|---|-------------------------|-------------------------|
| a) TTY/TDD? (Teletypewriter, Telephone Device for Deaf) | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) Sign language communication or interpretation?       | 1 <input type="radio"/> | 2 <input type="radio"/> |
| c) Other services?                                      | 1 <input type="radio"/> | 2 <input type="radio"/> |

17. Does your agency have services for people who are blind or visually impaired, such as:

- |                                   | Yes                     | No                      |
|-----------------------------------|-------------------------|-------------------------|
| a) Braille reading materials?     | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) Large print reading materials? | 1 <input type="radio"/> | 2 <input type="radio"/> |
| c) Other services?                | 1 <input type="radio"/> | 2 <input type="radio"/> |

18. Can your agency accommodate clients with mental challenges or mental health issues (e.g. Fetal Alcohol Syndrome, Fetal Alcohol Effects, schizophrenia, Down's Syndrome, etc.)?

- 1  Yes    2  No    **Go to question 20**

19. What methods are used to accommodate clients with the mental challenges or mental health issues (e.g. Fetal Alcohol Syndrome, Fetal Alcohol Effects, schizophrenia, Down's Syndrome, etc.)?

(**Check all that apply**)

- 1  Trained staff members
- 2  Partnership with or assistance from other specialized or professional agencies
- 3  Informal assistance (e.g. family member, friend, caregiver, advocate of client)
- 4  Other (please specify): \_\_\_\_\_

20. Does your agency perform outreach work (e.g. initiate contact with communities to raise awareness, reach populations at risk of victimization or who may benefit from your services, establish networks with other services, etc.)?

- 1  Yes    2  No

**EMPLOYEES AND VOLUNTEERS**

21. Does your agency provide training for employees?

- 1  Yes ► **21a)** What type? 1  Formal 2  Informal  
2  No  
3  Not applicable (agency run completely by volunteers) è **Go to question 23**

22. Does your agency provide support for employees to assist them with the challenges of their work?

- 1  Yes ► **22a)** What type? 1  Formal 2  Informal  
2  No

23. Does your agency provide training for volunteers?

- 1  Yes ► **23a)** What type? 1  Formal 2  Informal  
2  No  
3  Not applicable (do not have volunteers) è **Go to question 25**

24. Does your agency provide support for volunteers to assist them with the challenges of their work?

- 1  Yes ► **24a)** What type? 1  Formal 2  Informal  
2  No

**COMMUNITY PARTERSHIPS**

25. On how many committees does your agency currently sit?

- 97  Not applicable

26. What is the number of programs (outside your own agency) or agencies with which your agency currently has partnerships?

- 97  Not applicable

**SECTION 2 – ANNUAL INFORMATION**

The purpose of Section 2 is to obtain annual information on your agency. This information is to be provided for the 12-month period ending March 31, 2003 or your own 12-month fiscal period. A space is provided for you to specify the 12-month reference period used.

**Reference period:** Please specify the 12-month period used in providing information for this section.

DD MM YYYY DD MM YYYY  
**From:**             **To:**

**CLIENTS**

27. Please indicate the total number of persons assisted between April 1, 2002 and March 31, 2003 or during the previous 12-month period if March 31, 2003 is not your fiscal year end. "Persons assisted" includes primary and secondary victims. **(Enter 0 if there were none)**. If your agency does not keep track of annual counts of clients assisted, please leave the spaces under a) and b) blank and put a check beside c) "No annual counts of persons assisted available".

**a) Please indicate the sex and number of persons assisted**

Females	1	<input type="text"/>
Males	2	<input type="text"/>
Sex unknown	3	<input type="text"/>
<b>Total</b>	4	<input type="text"/>



**b) Please indicate the age and number of persons assisted**

Under 18	1	<input type="text"/>
18 years and older	2	<input type="text"/>
Age unknown	3	<input type="text"/>
<b>Total</b>	4	<input type="text"/>

*(The totals for a) and b) should equal one another)*

**c) No annual counts of persons assisted available**

1

**VICTIM IMPACT STATEMENTS AND NOTIFICATIONS**

**28.** Please indicate the number of victim impact statements your agency has prepared or assisted clients with during the annual reporting period.

1

2  Don't know

3  Not applicable/do not provide this service

**29.** Please indicate the number of victim impact statements filed with the courts during the annual reporting period.

1

2  Don't know

3  Not applicable/do not provide this service

**30.** For agencies whose mandate is to notify the primary or secondary victim of offender activity or status, please indicate the following for the annual reporting period:

**a) Number of victims registered to receive notification**

1

2  Don't know

3  Not applicable

**b) Number of notifications provided**

1

2  Don't know

3  Not applicable

**EMPLOYEES AND VOLUNTEERS**

**31.** For the annual reporting period, please indicate the number of staff in the form of paid full-time equivalents, including those who work on a fee-for-service basis and contracted employees.

1  .

2  Not applicable/agency run completely by volunteers **Go to question 33**

**32.** Please indicate the number of paid staff who received training or professional development during the annual reporting period. *(Enter 0 if there were none)*

1

2  Don't know

**33.** Please indicate the number of persons who volunteered with your agency during the annual reporting period (new and ongoing) and the number who left the agency during the annual reporting period. Include all volunteers such as those assisting clients, performing administrative duties, fundraising or serving as members of the agency's board of directors. *(Enter 0 if there were none)*

Number of persons who volunteered - new	1	<input type="text"/>
Number of persons who volunteered - ongoing	2	<input type="text"/>
Number of volunteers who left	3	<input type="text"/>

4  Not applicable (do not have volunteers)    **Go to question 37**

**34.** Please indicate the number of hours volunteers worked during the annual reporting period by type of work performed.

Direct service to clients	1	<input type="text"/>
On-call hours for direct service	2	<input type="text"/>
Other (including administrative duties, fundraising, board of directors, etc.)	3	<input type="text"/>
Total	4	<input type="text"/>

5  Don't know/not available    **Go to question 36**

**35.** If you do not keep track of hours worked by volunteers, please provide your best estimate of the average number of hours per week performed by all volunteers over the annual reporting period.

1

**36.** Please indicate the number of volunteers who received training or professional development during the annual reporting period.

1

#### WAITING LISTS AND PRIORITIZING CLIENTS

**37.** At any time during the annual reporting period, did your agency have to make use of a client waiting list?

- 1  Yes
- 2  No    **Go to question 39**
- 3  Not applicable    **Go to question 39**

**38. a)** On average, how many days do clients on the waiting list need to wait until they receive assistance?

1

**b)** Compared to the last fiscal year, has this average wait:

- 1  Increased?
- 2  Decreased?
- 3  Remained about the same?
- 4  Don't know

**39.** Does your agency use criteria for prioritizing clients for either waiting lists or service delivery in general?

- 1  Yes
- 2  No → **Go to question 41**
- 3  Not applicable → **Go to question 41**

**40.** Please indicate which criteria are used? (**Check all that apply**)

- 1  Agency's mandate or protocols
- 2  Self-referral by the victim or direct call from the victim
- 3  Severity of violence
- 4  Frequency/history of violence or victimization/repeat victim
- 5  Presence of children
- 6  Risk of repeated victimization
- 7  Imminent court date
- 8  Involvement of other service agencies
- 9  Other (please specify):

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_

**IMPACTS ON SERVICE DELIVERY**

**41.** Please indicate (to a maximum of 3) any events that have occurred over the last two years that have had a marked impact on the demand for service from your agency (e.g. changes in legislation, policies, procedures or protocols; changes in funding; changes in partnerships with other programs; new prevention initiatives; changes in fine surcharges; traumatic event to the community, etc.). Please describe the impact on the demand for service (e.g. increase or decrease in clients, change in profile of clientele, etc.).

Description of event	Impact
1) _____ _____	_____ _____
2) _____ _____	_____ _____
3) _____ _____	_____ _____

42. Please list (to a maximum of 3) any barriers or obstacles that your agency will experience in the delivery of services over the next year and the steps your agency will take or has taken to address each of these.

Barrier	Steps agency will take/has taken
1) _____ _____ _____	_____ _____ _____
2) _____ _____ _____	_____ _____ _____
3) _____ _____ _____	_____ _____ _____

**SECTION 3 – Revenues and Expenditures**

The purpose of Questions 43 and 44 is to collect information on revenues and expenditures of your agency for the reference period (between April 1, 2002 and March 31, 2003 or during your own 12-month fiscal period if March 31, 2003 is not your fiscal year end). Such information will assist in estimating the cost of crime and victimization and in understanding revenue and expenditure structures for different types of agencies.

43. **REVENUES** – Please report the amounts received from each of the following sources of funding in addition to the total revenue for your facility. *(You may provide either estimated or audited year end figures. Please round figures to the nearest dollar [e.g. \$457 rather than \$457.25].)*

1) Federal government: Justice Canada's Victims of Crime Fund	1	\$
2) Other federal government department(s)	2	\$
3) Provincial/territorial government: victims fund	3	\$
4) Provincial/territorial government: consolidated revenue fund	4	\$
5) Provincial/territorial government: general revenue fund	5	\$
6) Other provincial/territorial government departments	6	\$
7) Municipal government	7	\$
8) Regional Authority	8	\$
9) United Way	9	\$
10) Foundations	10	\$
11) Indian Bands	11	\$
12) Provincial/territorial lotteries (includes lotteries, Nevada tickets, etc.)	12	\$
13) Donations (money only)	13	\$
14) Fundraising	14	\$
15) Other (please specify):		
a)	15	\$
b)	16	\$
c)	17	\$
16) <b>Total annual agency revenues</b> <b>(sum items 1 to 15c)</b>	18	\$

**44. EXPENDITURES** – Please report the total annual expenditures for your agency and the dollar amount your total annual expenditures spent on the following (*You may provide either estimated or audited year end figures. Please round figures to the nearest dollar [e.g. \$457 rather than \$457.25].*)

1) Salary costs (all salary and benefits, including casuals and fee-for service costs)	1		\$
2) Overhead costs (rent, supplies, insurance, utilities, etc.)	2		\$
3) Capital expenditures (furniture, renovations, etc.)	3		\$
4) Staff and/or volunteer training (includes conferences)	4		\$
5) Direct client costs (e.g. food, supplies, transportation, etc.)	5		\$
6) Other costs (please specify):	6		\$
a)	7		\$
b)	8		\$
c)	9		\$
7) <b>Total annual agency expenditures</b> (sum of items 1 to 6c)			\$

**45.** Are the revenue and expenditure figures that were provided in questions 43 and 44 based on:  
(Check only one)

- 1  Audited financial data  
 2  Estimated data  
 3  Don't know

**SECTION 4 – PROFILE OF PRIMARY AND SECONDARY CLIENTS FOR THE OPERATING HOURS OF OCTOBER 22, 2003**

The purpose of this section is to obtain a one-day snapshot of the clientele served on a particular day in the year (i.e. October 22, 2003). Appreciating that some services designate certain days of the week for administrative work only or for service for clientele other than victims of crime, **please choose the next working day when victims of crime are served by your agency.** Please indicate this day below:

Alternate Profile Day: DD MM YYYY

--	--	--	--	--	--	--	--	--	--	--	--

**46.** Please indicate the number of primary and secondary clients served during your hours of operation on October 22, 2003 according to their sex, age and most serious type of victimization. (Enter 0 if there were none. If no clients were served because the offence is outside your agency's mandate, please put a check mark [ J ] under the column heading "Not applicable")

	MALES					FEMALES					Not applicable J
	Age groupings					Age groupings					
	0-11	12-17	18-64	65+	Age unknown	0-11	12-17	18-64	65+	Age unknown	
<b>Crimes Against the Person</b>											
a) Homicide	1	2	3	4	5	6	7	8	9	10	11
b) Other Loss of Life Offence (including Impaired Driving causing death)	1	2	3	4	5	6	7	8	9	10	11
<b>Sexual Assault</b>											
c) by spouse, ex-spouse, intimate partner	1	2	3	4	5	6	7	8	9	10	11
d) by other family member	1	2	3	4	5	6	7	8	9	10	11
e) by other relationship	1	2	3	4	5	6	7	8	9	10	11

Continued on page 14

	MALES					FEMALES					Not applicable J
	Age groupings					Age groupings					
	0-11	12-17	18-64	65+	Age unknown	0-11	12-17	18-64	65+	Age unknown	
<b>Other Violent Offences</b>											
f) by spouse, ex-spouse, intimate partner	1	2	3	4	5	6	7	8	9	10	11
g) by other family member	1	2	3	4	5	6	7	8	9	10	11
h) by other relationship	1	2	3	4	5	6	7	8	9	10	11
i) <b>Criminal Harassment (Stalking)</b>	1	2	3	4	5	6	7	8	9	10	11
<b>Property Crimes</b>											
j) <b>Arson</b>	1	2	3	4	5	6	7	8	9	10	11
k) <b>Other Property Crime</b>	1	2	3	4	5	6	7	8	9	10	11
<b>Traffic Offences</b>											
l) <b>Impaired Driving (other than causing death)</b>	1	2	3	4	5	6	7	8	9	10	11
m) <b>Other Traffic Offences</b>	1	2	3	4	5	6	7	8	9	10	11
<b>Other Criminal Code Offences</b>											
n) <b>Other Criminal Code Offences</b>	1	2	3	4	5	6	7	8	9	10	11
<b>Other incidents</b>											
o) <b>Non-criminal Incidents</b>	1	2	3	4	5	6	7	8	9	10	11
p) <b>Traffic Incident – Undetermined if Criminal</b>	1	2	3	4	5	6	7	8	9	10	11
q) <b>Other Incident – Undetermined if Criminal</b>	1	2	3	4	5	6	7	8	9	10	11
<b>TOTAL</b>											
r) <b>Total</b>	1	2	3	4	5	6	7	8	9	10	11

47. Please indicate the number of clients who received the following types of services directly from your agency during service hours on October 22, 2003 or your alternate snapshot day.

**Counting as many as apply for each client.** indicate the number of clients who received any of the following services directly from your agency. For example, if you served 10 clients on snapshot day and they each were provided crisis intervention/response, basic needs provision, emotional support and transportation, write "10" in each of these categories. Count both primary and secondary clients. Please ensure all crisis line calls are counted during crisis-line hours. See Guidebook for further details. **(Enter 0 if there were none)**

	Number	Not applicable
1) Assistance with Victim Impact Statements	1 <input type="text"/>	2 <input type="radio"/>
2) Basic needs provision (e.g., food, clothing)	1 <input type="text"/>	2 <input type="radio"/>
3) Case/trial updates	1 <input type="text"/>	2 <input type="radio"/>
4) Child protection services	1 <input type="text"/>	2 <input type="radio"/>
5) Claims assistance	1 <input type="text"/>	2 <input type="radio"/>
6) Conflict resolution	1 <input type="text"/>	2 <input type="radio"/>
7) Counseling- couple/family	1 <input type="text"/>	2 <input type="radio"/>

Continued on page 15

	Number	Not applicable
8) Counseling – group	1	2 <input type="radio"/>
9) Counseling – individual	1	2 <input type="radio"/>
10) Court orientation	1	2 <input type="radio"/>
11) Court information	1	2 <input type="radio"/>
12) Court accompaniment	1	2 <input type="radio"/>
13) Crisis counseling (other than crisis line calls)	1	2 <input type="radio"/>
14) Crisis counseling or other assistance via crisis lines (see Guidebook for instructions)	1	2 <input type="radio"/>
15) Crisis intervention/response	1	2 <input type="radio"/>
16) Critical stress debriefing	1	2 <input type="radio"/>
17) Emergency and disaster responses	1	2 <input type="radio"/>
18) Emotional support	1	2 <input type="radio"/>
19) First aid	1	2 <input type="radio"/>
20) Health/medical services	1	2 <input type="radio"/>
21) Hospital accompaniment	1	2 <input type="radio"/>
22) Housing assistance	1	2 <input type="radio"/>
23) Information on criminal justice system structure and process	1	2 <input type="radio"/>
24) Legal information and advocacy	1	2 <input type="radio"/>
25) Liaise with other agencies on behalf of client	1	2 <input type="radio"/>
26) Psychiatric assistance	1	2 <input type="radio"/>
27) Restorative justice/mediation measures: orientation and information	1	2 <input type="radio"/>
28) Restorative justice/mediation measures: accompaniment & support	1	2 <input type="radio"/>
29) Risk assessment (conduct or coordinate)	1	2 <input type="radio"/>
30) Safety planning - long term or immediate	1	2 <input type="radio"/>
31) Self-help/peer support groups	1	2 <input type="radio"/>
32) Transportation	1	2 <input type="radio"/>
33) Victim/witness preparation	1	2 <input type="radio"/>
34) Victim notification	1	2 <input type="radio"/>
35) General Information	1	2 <input type="radio"/>
36) Advocacy	1	2 <input type="radio"/>
37) Education, Prevention, Training (for clients only)	1	2 <input type="radio"/>
38) Other (please specify):	1 <input type="text"/>	2 <input type="radio"/>

**48.** Please indicate the number of clients served during service hours on snapshot day whose incident had been brought to the attention of police. **(Enter 0 if there were none)**

Reported to the police	1	<input type="text"/>
Not reported to the police	2	<input type="text"/>
Don't know	3	<input type="text"/>
Total	4	<input type="text"/>

<sup>5</sup>  Not applicable – court-based service

**49.** Please indicate the source of referral to your agency for clients served on snapshot day.  
**(Enter 0 if there were none)**

Police	1	<input type="text"/>
Courts	2	<input type="text"/>
Corrections	3	<input type="text"/>
Hospital/public healthcare provider	4	<input type="text"/>
Other government agency (please specify):	5	<input type="text"/>
Community agency	6	<input type="text"/>
Private practitioner	7	<input type="text"/>
Other agency (please specify):	8	<input type="text"/>
No referral from an agency: Referral by family, friend, other	9	<input type="text"/>
No referral from an agency: Client initiated contact	10	<input type="text"/>
Don't know	11	<input type="text"/>

**Thank you for completing the questionnaire.**

**The following section (Section 5) applies only to Criminal Injuries Compensation Programs and other financial benefit programs for victims of crime.**

**Please proceed to the end of the questionnaire on page 19.**

**SECTION 5 – CRIMINAL INJURIES COMPENSATION PROGRAMS AND OTHER FINANCIAL BENEFIT PROGRAMS: ANNUAL INFORMATION**

The purpose of this section is to collect annual information on activities of criminal injuries compensation programs and other financial benefit programs. This information is to be provided for the 12-month period ending March 31, 2003 or your own 12-month fiscal period. A space is provided for you to specify the 12-month reference period used.

**Reference period:** Please specify the 12-month period used in providing information for this section.

**From:**  DD  MM  YYYY **To:**  DD  MM  YYYY

**50.** Please indicate the number of applications by status for the annual reporting period.

a) New applications received	1	<input type="text"/>
b) Applications brought forward from a previous year	2	<input type="text"/>
c) <b>Subtotal (Add a. and b. above)</b>	3	<input type="text"/>
d) Applications carried forward to the next year	4	<input type="text"/>
e) <b>Total applications adjudicated/concluded during the annual reporting period (Subtract d from c)</b>	5	<input type="text"/>

**51.** Please indicate the outcome of applications adjudicated/completed during the annual reporting period.

a) Allowed	1	<input type="text"/>
b) Disallowed	2	<input type="text"/>
c) Decision pending	3	<input type="text"/>
d) Other (e.g. withdrawn by applicant) (please specify)	4	<input type="text"/>
e) <b>TOTAL – (Should equal the number in 50e)</b>	5	<input type="text"/>



**52.** For each type of award, please indicate the number of applications allowed and the total dollar amount awarded. *(Enter 0 where the type of award is eligible according to your legislation, but no amount was awarded. If the type of award is not eligible according to your compensation legislation or benefits program, please put a check mark [J] under the column heading "Not applicable".)*

	Number of applications allowed	Amount awarded	Not applicable
a) Pain and suffering	1	\$	3 <input type="radio"/>
b) Loss of love and guidance	1	\$	3 <input type="radio"/>
c) Medical/rehabilitation/dental/eyewear costs	1	\$	3 <input type="radio"/>
d) Wage loss	1	\$	3 <input type="radio"/>
e) Loss of support to dependants	1	\$	3 <input type="radio"/>
f) Child maintenance	1	\$	3 <input type="radio"/>
g) Funeral and burial costs	1	\$	3 <input type="radio"/>
h) Counseling costs	1	\$	3 <input type="radio"/>
i) Clothing costs	1	\$	3 <input type="radio"/>
j) Transportation costs	1	\$	3 <input type="radio"/>
k) Relocation costs	1	\$	3 <input type="radio"/>
l) Counsel/legal assistance (other than legal aid)	1	\$	3 <input type="radio"/>
m) Other (please specify):	1	\$	3 <input type="radio"/>
n) <b>TOTAL (the number may not equal the number in 48a if more than one remedy was provided for one application).</b>	2	\$	3 <input type="radio"/>

**53.** Please indicate the dollar amount awarded during the reporting period by type of crime. *(Enter 0 where the type of crime is eligible according to your legislation, but no amount was awarded. If the type of crime is not eligible according to your compensation legislation or benefits program, please put a check mark [J] under the column heading "Not applicable".)*

	Amount Awarded (\$)	Not applicable
a) Homicide	1	\$ 2 <input type="radio"/>
b) Other Offences Causing Death (except traffic)	3	\$ 4 <input type="radio"/>
c) Aggravated Sexual Assault	5	\$ 6 <input type="radio"/>
d) Sexual Assault with a Weapon or Causing Bodily Harm	7	\$ 8 <input type="radio"/>
e) Sexual Assault	9	\$ 10 <input type="radio"/>
f) Other Sexual Offences	11	\$ 12 <input type="radio"/>
g) Aggravated Assault	13	\$ 14 <input type="radio"/>
h) Assault with a Weapon or Causing Bodily Harm	15	\$ 16 <input type="radio"/>
i) Assault	17	\$ 18 <input type="radio"/>
j) Assault of Peace or Public Officer	19	\$ 20 <input type="radio"/>
k) Other Assault	21	\$ 22 <input type="radio"/>
l) Abduction/Kidnapping	23	\$ 24 <input type="radio"/>
m) Criminal Harassment (Stalking)	25	\$ 26 <input type="radio"/>
n) Uttering Threats	27	\$ 28 <input type="radio"/>
o) Robbery	29	\$ 30 <input type="radio"/>
p) Arson	31	\$ 32 <input type="radio"/>
q) Other Property Crimes	33	\$ 34 <input type="radio"/>

Continued on page 18

		Amount Awarded (\$)	Not applicable
r) Impaired Operation of a Motor Vehicle Causing Death	35	\$	36 <input type="radio"/>
s) Impaired Operation of a Motor Vehicle Causing Bodily Harm	37	\$	38 <input type="radio"/>
t) Other Traffic Offences Causing Death	39	\$	40 <input type="radio"/>
u) Other Traffic Offences Causing Bodily Harm	41	\$	42 <input type="radio"/>
v) Other Traffic Offences	43	\$	44 <input type="radio"/>
w) Other Criminal Code Offences	45	\$	46 <input type="radio"/>
<b>TOTAL</b> <i>(should equal the total amount awarded in 52n)</i>	47	\$	

54. The purpose of this question is to count the number of applications that were allowed during the annual reporting period according to the following characteristics of the applicant: sex, age grouping and type of crime. Please indicate the number of applications that were allowed according to the characteristics of the applicant. **(Enter 0 where the type of crime is eligible according to your legislation, but no applications were allowed. If the type of crime is not eligible according to your legislation or your financial benefits program, please put a check mark [J] under the column heading "Not applicable".)**

	MALES					FEMALES					Age & Sex Unknown	Not applicable J
	Age groupings					Age groupings						
	0-11	12-17	18-64	65+	Age unknown	0-11	12-17	18-64	65+	Age unknown		
<b>Crimes against the person</b>												
a) Homicide	1	2	3	4	5	6	7	8	9	10	11	12
b) Other Offences Causing Death (except traffic)	1	2	3	4	5	6	7	8	9	10	11	12
c) Aggravated Sexual Assault	1	2	3	4	5	6	7	8	9	10	11	12
d) Sexual Assault with a Weapon or Causing Bodily Harm	1	2	3	4	5	6	7	8	9	10	11	12
e) Sexual Assault	1	2	3	4	5	6	7	8	9	10	11	12
f) Other Sexual Offences	1	2	3	4	5	6	7	8	9	10	11	12
g) Aggravated Assault	1	2	3	4	5	6	7	8	9	10	11	12
h) Assault with a Weapon or Causing Bodily Harm	1	2	3	4	5	6	7	8	9	10	11	12
i) Assault	1	2	3	4	5	6	7	8	9	10	11	12
j) Assault of Peace or Public Officer	1	2	3	4	5	6	7	8	9	10	11	12
k) Other Assault	1	2	3	4	5	6	7	8	9	10	11	12
l) Abduction/ Kidnapping	1	2	3	4	5	6	7	8	9	10	11	12
m) Criminal Harassment (Stalking)	1	2	3	4	5	6	7	8	9	10	11	12
n) Uttering Threats	1	2	3	4	5	6	7	8	9	10	11	12
o) Robbery	1	2	3	4	5	6	7	8	9	10	11	12

Continued on page 19

	MALES					FEMALES					Age & Sex Unknown	Not applicable J
	Age groupings					Age groupings						
	0-11	12-17	18-64	65+	Age unknown	0-11	12-17	18-64	65+	Age unknown		
<b>Property Crimes</b>												
p) Arson	1	2	3	4	5	6	7	8	9	10	11	12
q) Other Property Crimes	1	2	3	4	5	6	7	8	9	10	11	12
<b>Crimes against the Person</b>												
r) Impaired Operation of a Motor Vehicle Causing Death	1	2	3	4	5	6	7	8	9	10	11	12
s) Impaired Operation of a Motor Vehicle Causing Bodily Harm	1	2	3	4	5	6	7	8	9	10	11	12
t) Other Traffic Offences Causing Death	1	2	3	4	5	6	7	8	9	10	11	12
u) Other Traffic Offences Causing Bodily Harm	1	2	3	4	5	6	7	8	9	10	11	12
v) Other Traffic Offences	1	2	3	4	5	6	7	8	9	10	11	12
<b>Other Criminal Code Offences</b>												
w) Other Criminal Code Offences	1	2	3	4	5	6	7	8	9	10	11	12
<b>TOTAL</b>												
x) <b>TOTAL</b> (the addition of all columns should equal the number in 50a)	1	2	3	4	5	6	7	8	9	10	11	12

**Comments**

**Thank you for taking the time to complete this questionnaire.** Please keep a copy of the completed questionnaire in the event that Statistics Canada contacts you for clarification of the information you have provided. This information is collected to assist in the development and assessment of policy, legislation, programs and other initiatives related to victims of crime and to assist in raising public awareness. Should you have any comments or questions regarding the questionnaire or the survey itself, please do not hesitate to contact us (telephone number provided in the instructions). The following space is provided if you would prefer to write down your comments. *Please print carefully.*

**Once you are finished with the comments section, please complete the following consent form on sharing your data with Justice Canada.**

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Questionnaire completed by (block letters):	Date (D-M-Y)	Telephone number Area code	For office use only
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## Consent to Disclose Survey Responses

### Disclosure of Survey Responses to Justice Canada for Research and Statistical Purposes

In order to gain a better understanding of the services available across Canada, Justice Canada's Policy Centre for Victim Issues would like to receive a copy of your organization's responses to this survey. Under the Statistics Act, the Chief Statistician can authorize the disclosure of your survey responses with your written consent. Justice Canada is required to keep the information confidential and use it only for statistical and research purposes. If you agree to the disclosure of your survey information to Justice Canada, please check the "Yes" box below and sign this consent form. If you do not agree, simply check the "No" box.

- Yes**, I authorize the disclosure to Justice Canada of this organization's survey responses for research and statistical purposes.
- No**, I do not authorize the disclosure to Justice Canada of this organization's survey responses for research and statistical purposes.

### National Web-based Directory of Victim Services

Justice Canada's Policy Centre for Victim Issues is developing a national web-based directory of victim services in Canada which will be available to the public. A directory has already been created from a number of publicly available sources. PCVI would like to use some information from this survey to either populate the directory or update the information contained therein. The intention of the directory is to include the following types of information: *Agency name, mailing address, the contact information below and information from Section 1 of the survey to provide a profile of services offered by your agency and the clients targeted.*

If you agree to your agency's contact and profile information being included or used in the national web-based directory of victim services, please complete the following section, check the appropriate box below and sign this consent form. If you do not agree, simply check the "No" box.

#### **Contact information and hours of operation to be included in the national web-based directory of victim services:**

**55. Telephone number**

Area code  
1    -

**56. Fax Number**

Area code  
1    -     2  None

**57. E-mail address**

1

2  None

**58. Web-site**

1

2  None

**59. Hours of Operation: Administrative**

Mon		Tue		Wed		Thur		Fri		Sat		Sun	
Open.	Close	Open.	Close	Open.	Close	Open.	Close	Open.	Close	Open.	Close	Open.	Close

**60. Hours of Operation: Services**

Mon		Tue		Wed		Thur		Fri		Sat		Sun	
Open.	Close	Open.	Close	Open.	Close	Open.	Close	Open.	Close	Open.	Close	Open.	Close

**Yes**, I authorize the disclosure to Justice Canada of the information described above for the purpose of populating their national web-based directory of victim services.

**No**, I do not authorize the disclosure to Justice Canada of the information described above for the purpose of populating their national web-based directory of victim services.

Name of Service Agency		
Name of Authorizing Officer (Please Print)	Title of Authorizing Officer (Please Print)	
Signature of Authorizing Officer	Date (D-M-Y)	Telephone Number