**Client Demographic Report Form**

Month: Grant ID:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **New** | **On-going** |  | **New** | **On-going** |
| **Type of Crime** | **Client Demographics** |
| Child Sexual Abuse |  |  | **Sex:** Male |  |  |
| Child Physical Abuse |  |  |  Female |  |  |
| Domestic Violence |  |  | **Age:** 0 - 12 |  |  |
| Adult Sexual Assault |  |  |  13 - 17 |  |  |
| Adults Molested Children |  |  |  18 - 29 |  |  |
| Elder Abuse |  |  |  30 - 44 |  |  |
| Drunk Driving |  |  |  45 - 64 |  |  |
| Surv. of Homicide Victim |  |  |  65 + |  |  |
| Assault |  |  |  |  |  |
| Robbery |  |  | **National Origin** |
| Other Violent Crime |  |  | White (non-Hispanic) |  |  |
| Property Crime |  |  | African-American |  |  |
| Other/Unknown |  |  | Hispanic |  |  |
|  **Total Unduplicated** |  |  | Native American/Alaskan |  |  |
|  |  |  | Asian/Pacific Islander |  |  |
| **Disabled Clients** |  |  | Other/Unknown |  |  |
|  |  |  |  |
| **Services** |
| Crisis Counseling |  |  | Emerg. Financial Ass't |  |  |
| Follow-up Contact |  |  | Emerg. Legal Advocacy |  |  |
| Therapy |  |  | Crime Victim Comp. |  |  |
| Group Treatment/Support |  |  | Personal Advocacy |  |  |
| Shelter/Safe House |  |  | Other |  |  |
| Information & Referral |  |  | **Telephone I & R (calls)** |  |  |
| Criminal Justice Support |  |  |  |  |  |