

**SEXUAL ASSAULT SERVICES PROFILE**

Agency Name: _____
Egrants ID#: _____

**A. Sexual Assault Victim Services Statistics**

1. Indicate the number of unduplicated sexual assault victims the entire agency served by location between January 1 and December 31, 2019.
2. Indicate the breakdown by age.
3. Report statistics by an identified location (county or tribe) if known. Write “Unknown Location” if victims did not disclose their location.
4. Include primary and secondary victims of sexual assault in these statistics.
5. Include the sexual assault statistics for the entire agency, not just the sexual assault victims served by the SAVS grant.
6. If the agency did not provide sexual assault services in 2019 please write “did not provide sexual assault services in 2019” in this section.

Victims Served by Location	Location:	Location:	Location:	Location:	Location:
Children (12 & under)					
Teens (13 – 17)					
Adults (18 & over)					

Total number of clients served (all areas combined):
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**B. Dual Service Agency**

1. If the agency is a dual sexual assault/domestic violence agency, provide the number of sexual assault clients that presented as sexual assault victims and the number that presented as domestic violence victims with sexual assault issues.
2. Include the sexual assault statistics for the sexual assault program, not just the sexual assault victims served by the SAVS grant.

Sexual Assault:	Domestic Violence with Sexual Assault:
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