

NC CFW Batterer Intervention Program

NEW!

Quarterly Statistical Report

Instructions

Why the Quarterly Statistical Report is important:

1. It is part of your compliance with the NC CFW
 1. 01 NCAC 17 .0710 PROGRAM ASSESSMENT Programs shall submit quarterly statistical reports to the Commission to include a tracking of participants received by, accepted into and completing the program; the sources of referral; an analysis of completion rates and reasons for termination; an analysis of contacts with participants' victimized partners; and an assessment of program impact, including but not limited to re-offense rates
2. The NC CFW publishes the statistics you submit. These statistics are available to, and used by, constituents all over the United States.

How to report statistics

Step 1

Use most current NCCFW/DVC Quarterly Statistical Report

<https://ncadmin.nc.gov/advocacy/women/abuser-treatment-program>

Abuser Treatment/Batterer Intervention Program

In 2002, the N.C. Council for Women was granted the authority to approve the abuser treatment programs utilized by the North Carolina court system. The abuser treatment programs re-educate offenders on their behavior and help them to develop new methods of interacting with intimate partners and family members.

[View the Interactive Programs Directory →](#)

[Press Release: NC Council for Women Recertifies Local Batterer Intervention Programs](#) 

[View Program Rules \(pdf\)](#)

[NC Batterer Intervention Program Guide to Achieving Recommended Practices](#)

[View Application Procedures \(pdf\)](#)

[View Program Application Form \(pdf\)](#)

[View Annual Renewal Form Application \(pdf\)](#)

[BIP Memorandum of Understanding Template \(doc\)](#)

[Statistical Form Instructions \(pdf\)](#)

[Download Statistical Form \(xlsx\)](#)

Step 2

Open the report in Excel and “Save As” before beginning to work on the report.
(This leaves your template blank and increases accuracy in reporting.)

Step 3

Complete the report in Excel and Save.

Step 4

Submit the report as an email attachment sent to:

Batterer.Intervention@doa.nc.gov

The subject line of the email should read: Program Name, County, Quarterly Report

We will only accept submissions of this report that are an **Excel document or PDF attached to an email** that is sent to Batterer.Intervention@doa.nc.gov with the subject line:

“[Your Program Name], [Your County], [1st/2nd/3rd/4th] Quarter Report”

Subject line example: MOVE/WAVE, Nash, 4th Quarter Report

This means NO faxing!

NCCFW Batterer Intervention Program New Quarterly Statistical Report

AGENCY: 0
 PROGRAM NAME: 0
 *COUNTY SERVED: 0

**Provide a separate form for each county served*

Person completing this form: _____

REPORTING Quarter (check one)

April - June (due July 15th)
 July - September (due Oct. 15th)

Year: 0

October - December (due Jan. 15th)
 January - March (due April 15th)

A. REFERRAL OUTCOME INFORMATION

1. Referrals received this quarter, counted by referring source

Male Clients	Female Clients	Spanish Speaking
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	<input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated
0 Total # referred	0 Total # referred	0 Total # referred

2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients	Female Clients	Spanish Only Group Enrollees	
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	M <input type="checkbox"/>	F <input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiate	M <input type="checkbox"/>	F <input type="checkbox"/> Probation/Parole Initiated
0 Total # accepted	0 Total # accepted	M 0	F 0 Total # accepted

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients	Female Clients	Spanish Speaking Only	
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	M <input type="checkbox"/>	F <input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiate	M <input type="checkbox"/>	F <input type="checkbox"/> Probation/Parole Initiated
0 Total # not enrolled	0 Total # not enrolled	M 0	F 0 Total # not enrolled

4. Explanation of why referrals were not enrolled (Count each client once using the main reason for non-enrollment)

Male Clients	Female Clients	Spanish Speaking Clients
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Probation Revoked	<input type="checkbox"/> Probation Revoked	<input type="checkbox"/> Probation Revoked
<input type="checkbox"/> New Charges	<input type="checkbox"/> New Charges	<input type="checkbox"/> New Charges
<input type="checkbox"/> No Shows	<input type="checkbox"/> No Shows	<input type="checkbox"/> No Shows
<input type="checkbox"/> Other (type below): _____	<input type="checkbox"/> Other (type below): _____	<input type="checkbox"/> Other (type below): _____

B. PARTICIPANT OUTCOME (in groups/completed/terminated)

1. Total # of participants completing program this quarter: 0 Total # completing all groups

Male Female Female
Enrolled in Spanish Speaking Groups

2. Total # of participants terminated from program this quarter: 0 Total # terminated all groups

Male Female Male Female
Enrolled in Spanish Speaking Groups

3. Total # of participants in all groups this quarter: 0 Total # in all groups

Male Female Male Female
Enrolled in Spanish Speaking Groups

3A. Reason for termination of each client counted in question 2: (Count one reason per client terminated - totals should equal the totals above in # B- 2)

Male Client	Female Client	Spanish Speaking Groups
<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Excessive Absences
<input type="checkbox"/> Non-Compliance w/ Rules	<input type="checkbox"/> Non-Compliance w/ Rules	<input type="checkbox"/> Non-Compliance w/ Rules
<input type="checkbox"/> Recurrence of Violence	<input type="checkbox"/> Recurrence of Violence	<input type="checkbox"/> Recurrence of Violence
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Arrest/Probation Violation	<input type="checkbox"/> Arrest/Probation Violation	<input type="checkbox"/> Arrest/Probation Violation
<input type="checkbox"/> Non-Payment of Fees	<input type="checkbox"/> Non-Payment of Fees	<input type="checkbox"/> Non-Payment of Fees
<input type="checkbox"/> Other (type below): _____	<input type="checkbox"/> Other (type below): _____	<input type="checkbox"/> Other (type below): _____

0 Total # Terminated **0 Total # Terminated** **0 Total # Terminated**
 ###

C. VICTIM SAFETY (Total numbers should roughly correspond to numbers of referrals enrolled, see Question A2)

- Number of victims able to contact : _____
 - Number of victims unable to contact (e.g. no contact information) _____
 - Number of victims requesting no contact : _____
- Total of BIP program information letters sent to victims : _____
 - Total returned correspondence (e.g.: unable to deliver, returned by sender): _____
- Number of victims spoken to over the phone or in person : _____
 - Total number of safety plans created with victims : _____
- Number of victims notified after client completes sessions : _____
 - Number of victims notified when client is terminated : _____
 - Number of contacts made with Victim Service Provider (DV agency) on court ordered _____

D. _____
 Title of Executive Director or BIP Program Dir. Date

Statistical Forms are DUE
 Two (2) weeks after the end of the reporting quarter:
 July 15th
 October 15th
 January 15th
 April 15th

TO SUBMIT FORM:
 Attach completed social document to an email.
 Title Email:
 Program Name, County, # Quarter Report
 Email must be sent to:
Batterer.Intervention@dnas.nc.gov

The report is made up of 5 parts:

- Program Information and Reporting Quarter information
- A. Referral Outcome Information
- B. Participant Outcome
- C. Victim Safety
- D. Signature Line

Program & Reporting Quarter Information

- Enter your Agency, Program Name, and County served in the first form, it will automatically show up on quarters 2-4.
 - If you serve multiple counties, you must submit a separate report for each one.
- Enter the name of the person completing the report
- The reporting quarter is pre-selected for you.
- Enter the year (use the year of the last month in the reporting quarter: 3rd Quarter: October-December, 2016 or 4th Quarter: January-March 2017)

NCCFW Batterer Intervention Program New Quarterly Statistical Report

AGENCY: _____

PROGRAM NAME: _____

*COUNTY SERVED: _____

**Provide a separate form for each county served*

Person completing this form: _____

REPORTING Quarter (check one)

April – June (due July 15th)

July – September (due Oct. 15th)

Year: _____

October – December (due Jan. 15th)

January – March (due April 15th)

Must enter year

Part A: Referral Outcome Questions 1-4

This is the section where you will explain to the NC CFW:

1. How many clients were **referred** to your program and, of those referred clients,
2. How many were **enrolled** into a program, and,
3. How many were **not enrolled** into a program, and
4. Why the clients were **not enrolled**

You will do this for each of the referral sources listed.

A. REFERRAL OUTCOME INFORMATION

1. Referrals received this quarter, counted by referring source

Male Clients	Female Clients	Spanish Speaking
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	<input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated
<u>0</u> Total # referred	<u>0</u> Total # referred	<u>0</u> Total # referred

2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients	Female Clients	Spanish Only Group Enrollees	
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	M <input type="checkbox"/>	F <input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	M <input type="checkbox"/>	F <input type="checkbox"/> Probation/Parole Initiated
<u>0</u> Total # accepted	<u>0</u> Total # accepted	M <u>0</u>	F <u>0</u> Total # accepted

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients	Female Clients	Spanish Speaking Only	
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	M <input type="checkbox"/>	F <input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	M <input type="checkbox"/>	F <input type="checkbox"/> Probation/Parole Initiated
<u>0</u> Total # not enrolled	<u>0</u> Total # not enrolled	M <u>0</u>	F <u>0</u> Total # not enrolled

4. Explanation of why referrals were not enrolled (Count each client once using the main reason)

Male Clients	Female Clients	Spanish Speaking Clients
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Probation Revoked	<input type="checkbox"/> Probation Revoked	<input type="checkbox"/> Probation Revoked
<input type="checkbox"/> New Charges	<input type="checkbox"/> New Charges	<input type="checkbox"/> New Charges
<input type="checkbox"/> No Shows	<input type="checkbox"/> No Shows	<input type="checkbox"/> No Shows
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Part A: Referral Outcome Questions 1-3

The mathematical concept of Part A is that the total number of referrals will equal the numbers of enrolled and not enrolled clients.

The number of **referrals** in Question 1

=

the number of **enrolled** clients in Question 2

+

the number of **not enrolled** clients in Question 3.

A. REFERRAL OUTCOME INFORMATION

1. Referrals received this quarter, counted by referring source

Male Clients	Female Clients	Spanish Speaking
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	<input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated
<input type="text" value="0"/> Total # referred	<input type="text" value="0"/> Total # referred	<input type="text" value="0"/> Total # referred

2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients	Female Clients	Spanish Only Group Enrollees	
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	M <input type="checkbox"/>	F <input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	M <input type="checkbox"/>	F <input type="checkbox"/> Probation/Parole Initiated
<input type="text" value="0"/> Total # accepted	<input type="text" value="0"/> Total # accepted	M <input type="text" value="0"/>	F <input type="text" value="0"/> Total # accepted

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients	Female Clients	Spanish Speaking Only	
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	M <input type="checkbox"/>	F <input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	M <input type="checkbox"/>	F <input type="checkbox"/> Probation/Parole Initiated
<input type="text" value="0"/> Total # not enrolled	<input type="text" value="0"/> Total # not enrolled	M <input type="text" value="0"/>	F <input type="text" value="0"/> Total # not enrolled

4. Explanation of why referrals were not enrolled (Count each client once using the main reason)

Male Clients	Female Clients	Spanish Speaking Clients
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Probation Revoked	<input type="checkbox"/> Probation Revoked	<input type="checkbox"/> Probation Revoked
<input type="checkbox"/> New Charges	<input type="checkbox"/> New Charges	<input type="checkbox"/> New Charges
<input type="checkbox"/> No Shows	<input type="checkbox"/> No Shows	<input type="checkbox"/> No Shows
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:



Part A: Referral Outcome Questions 1-3

In the same way, the numbers within each referral source must also balance out, for example:

The number of Criminal Court **referrals** in Question 1

=

the number of Criminal Court **enrolled** clients in Question 2

+

the number of Criminal Court **not enrolled** clients in Question 3.

THIS IS THE CASE FOR EVERY REFERRAL SOURCE!

A. REFERRAL OUTCOME INFORMATION

1. Referrals received this quarter, counted by referring source

Male Clients	Female Clients	Spanish Speaking
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	<input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated
<u>0</u> Total # referred	<u>0</u> Total # referred	<u>0</u> Total # referred



2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients	Female Clients	Spanish Only Group Enrollees	
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	M <input type="checkbox"/>	F <input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	M <input type="checkbox"/>	F <input type="checkbox"/> Probation/Parole Initiated
<u>0</u> Total # accepted	<u>0</u> Total # accepted	M <u>0</u>	F <u>0</u> Total # accepted



3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients	Female Clients	Spanish Speaking Only	
<input type="checkbox"/> Criminal Court	<input type="checkbox"/> Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/> Criminal Court
<input type="checkbox"/> Civil Court	<input type="checkbox"/> Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/> Civil Court
<input type="checkbox"/> DSS	<input type="checkbox"/> DSS	M <input type="checkbox"/>	F <input type="checkbox"/> DSS
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/> Mental Health
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/> Self-Referral
<input type="checkbox"/> Probation/Parole Initiated	<input type="checkbox"/> Probation/Parole Initiated	M <input type="checkbox"/>	F <input type="checkbox"/> Probation/Parole Initiated
<u>0</u> Total # not enrolled	<u>0</u> Total # not enrolled	M <u>0</u>	F <u>0</u> Total # not enrolled



4. Explanation of why referrals were not enrolled (Count each client once using the main reason)

Male Clients	Female Clients	Spanish Speaking Clients
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Probation Revoked	<input type="checkbox"/> Probation Revoked	<input type="checkbox"/> Probation Revoked
<input type="checkbox"/> New Charges	<input type="checkbox"/> New Charges	<input type="checkbox"/> New Charges
<input type="checkbox"/> No Shows	<input type="checkbox"/> No Shows	<input type="checkbox"/> No Shows
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Part A: Referral Outcome

Question 4

Question 4 accounts for why all of the not enrolled clients were not enrolled. Thus, the total for Question 3 must equal the sum of Question 4.

The Total # not enrolled in Question 3

=

- # Substance Abuse
- +
- # Mental Health
- +
- # Probation Revoked
- +
- # New Charges
- +
- # No Shows
- +
- # Other

In Question 4

THIS IS TRUE FOR EACH TYPE OF CLIENT: Male, Female, and Spanish Speaking

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients

- Criminal Court
- Civil Court
- DSS
- Mental Health
- Substance Abuse
- Self-Referral
- Probation/Parole Initiated

0 Total # not enrolled

Female Clients

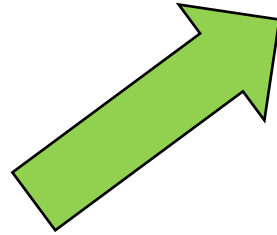
- Criminal Court
- Civil Court
- DSS
- Mental Health
- Substance Abuse
- Self-Referral
- Probation/Parole Initiated

0 Total # not enrolled

Spanish Speaking Only

- | | | | | |
|---|--------------------------|---|--------------------------|----------------------------|
| M | <input type="checkbox"/> | F | <input type="checkbox"/> | Criminal Court |
| M | <input type="checkbox"/> | F | <input type="checkbox"/> | Civil Court |
| M | <input type="checkbox"/> | F | <input type="checkbox"/> | DSS |
| M | <input type="checkbox"/> | F | <input type="checkbox"/> | Mental Health |
| M | <input type="checkbox"/> | F | <input type="checkbox"/> | Substance Abuse |
| M | <input type="checkbox"/> | F | <input type="checkbox"/> | Self-Referral |
| M | <input type="checkbox"/> | F | <input type="checkbox"/> | Probation/Parole Initiated |

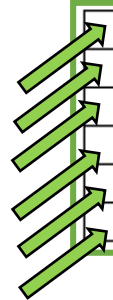
M 0 F 0 Total # not enrolled



Reason of why referrals were not enrolled (Count each client once using the main reason for non-enrollment)

Male Clients

- Substance Abuse
- Mental Health
- Probation Revoked
- New Charges
- No Shows
- Other:



Female Clients

- Substance Abuse
- Mental Health
- Probation Revoked
- New Charges
- No Shows
- Other:

Spanish Speaking Clients

- Substance Abuse
- Mental Health
- Probation Revoked
- New Charges
- No Shows
- Other:

Participant Outcome (Part B)

Please pay special attention as this section has changed!

Previous Quarter: number of total group participants continuing into this quarter.



2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients		Female Clients		Spanish Only Group Enrollees	
<input type="checkbox"/>	Criminal Court	<input type="checkbox"/>	Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/>
<input type="checkbox"/>	Civil Court	<input type="checkbox"/>	Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/>
<input type="checkbox"/>	DSS	<input type="checkbox"/>	DSS	M <input type="checkbox"/>	F <input type="checkbox"/>
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/>
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/>
<input type="checkbox"/>	Self-Referral	<input type="checkbox"/>	Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/>
<input type="checkbox"/>	Probation/Parole Initiated	<input type="checkbox"/>	Probation/Parole Initiated	M <input type="checkbox"/>	F <input type="checkbox"/>
<input type="text" value="0"/>	Total # accepted	<input type="text" value="0"/>	Total # accepted	M <input type="text" value="0"/>	F <input type="text" value="0"/>

B. PARTICIPANT OUTCOME (in groups/completed/terminated)

1. Total # of participants completing program this quarter: _____ **0 Total # completing all groups**



<input type="text" value="0"/> Male	<input type="text" value="0"/> Female	<input type="text" value="0"/> Male	<input type="text" value="0"/> Female
Enrolled in Spanish Speaking Groups			

2. Total # of participants terminated from program this quarter: _____ **0 Total # terminated all groups**



<input type="text" value="0"/> Male	<input type="text" value="0"/> Female	<input type="text" value="0"/> Male	<input type="text" value="0"/> Female
Enrolled in Spanish Speaking Groups			

3. Total # of participants in all groups this quarter (Participants from previous quarter as well as new enrollees, minus answers from Questions 1 and 2): _____ **0 Total # in all groups**



<input type="text" value="0"/> Male	<input type="text" value="0"/> Female	<input type="text" value="0"/> Male	<input type="text" value="0"/> Female
Enrolled in Spanish Speaking Groups			

Question 3:

In the first quarter report, April – June, you will enter the number of enrolled participants from the previous quarter, plus individuals enrolled in the current quarter, minus any completions or terminations. This process should be used for Male, Female and Spanish Speaking Clients. This number will automatically populate in Quarters 2-4. If you notice a discrepancy between your numbers and those on the form, you have not calculated your numbers correctly.

3A. Reason for termination of each client counted in question 2: (Count one reason per client terminated - totals should equal the totals above in # B- 2)

Male Client	Female Client	Spanish Speaking Groups
<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Excessive Absences
<input type="checkbox"/> Non-Compliance w/ Rules	<input type="checkbox"/> Non-Compliance w/ Rules	<input type="checkbox"/> Non-Compliance w/ Rules
<input type="checkbox"/> Recurrence of Violence	<input type="checkbox"/> Recurrence of Violence	<input type="checkbox"/> Recurrence of Violence
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Arrest/Probation Violation	<input type="checkbox"/> Arrest/Probation Violation	<input type="checkbox"/> Arrest/Probation Violation
<input type="checkbox"/> Non-Payment of Fees	<input type="checkbox"/> Non-Payment of Fees	<input type="checkbox"/> Non-Payment of Fees
<input type="checkbox"/> Other (type below):	<input type="checkbox"/> Other (type below):	<input type="checkbox"/> Other (type below):
<input type="text" value="0"/> Total # Terminated	<input type="text" value="0"/> Total # Terminated	<input type="text" value="0"/> Total # Terminated

Part B: Participant Outcome Questions 2 & 3A

This section is to explain why the clients who were terminated during the quarter were terminated.

Just like in Part A, Questions 2 & 3A:

Total number of terminated clients

=

Excessive Absences

+

Non-Compliance w/ Rules

+

Recurrence of Violence

+

Substance Abuse

+

Arrest/Probation Violation

+

Non-Payment of Fees

+

Other

NOTE: You can only use ONE reason for termination per client.

B. PARTICIPANT OUTCOME (in groups/completed/terminated)

1. Total # of participants completing program this quarter:

_____ 0 Total # completing all groups

Male

Female

Female

Enrolled in Spanish Speaking Groups

2. Total # of participants terminated from program this quarter:

_____ 0 Total # terminated all groups

Male

Female

Male

Female

Enrolled in Spanish Speaking Groups

3. Total # of participants in all groups this quarter (Participants from previous quarter as well as new enrollees, minus answers from Questions 1 and 2):

_____ 0 Total # in all groups

Male

Female

Male

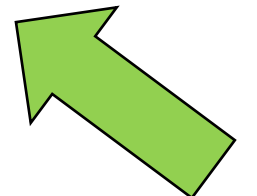
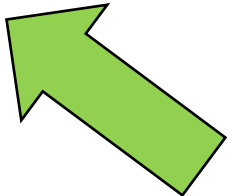
Female

Enrolled in Spanish Speaking Groups

3A. Reason for termination of each client counted in question 2: (Count one reason per client terminated - totals should equal the totals above in # B- 2)

<u>Male Client</u>		<u>Female Client</u>		<u>Spanish Speaking Groups</u>	
<input type="checkbox"/>	Excessive Absences	<input type="checkbox"/>	Excessive Absences	<input type="checkbox"/>	Excessive Absences
<input type="checkbox"/>	Non-Compliance w/ Rules	<input type="checkbox"/>	Non-Compliance w/ Rules	<input type="checkbox"/>	Non-Compliance w/ Rules
<input type="checkbox"/>	Recurrence of Violence	<input type="checkbox"/>	Recurrence of Violence	<input type="checkbox"/>	Recurrence of Violence
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Arrest/Probation Violation	<input type="checkbox"/>	Arrest/Probation Violation	<input type="checkbox"/>	Arrest/Probation Violation
<input type="checkbox"/>	Non-Payment of Fees	<input type="checkbox"/>	Non-Payment of Fees	<input type="checkbox"/>	Non-Payment of Fees
<input type="checkbox"/>	Other (type below):	<input type="checkbox"/>	Other (type below):	<input type="checkbox"/>	Other (type below):

_____ 0 Total # Terminated + _____ 0 Total # Terminated + _____ 0 Total # Terminated



Part B: Participant Outcome Questions 2 & 3A

And the same is true within each type of client: Male, Female, and Spanish Speaking.

B. PARTICIPANT OUTCOME (in groups/completed/terminated)

1. Total # of participants completing program this quarter: _____ 0 Total # completing all groups

Male Female Male Female
 Enrolled in Spanish Speaking Groups

2. Total # of participants terminated from program this quarter: _____ 0 Total # terminated all groups

Male Female Male Female
 Enrolled in Spanish Speaking Groups

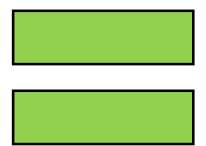
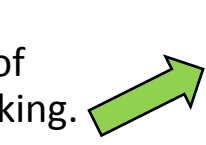
3. Total # of participants in all groups this quarter (Participants from previous quarter as well as new enrollees, minus answers from Questions 1 and 2): _____ 0 Total # in all groups

Male Female Male Female
 Enrolled in Spanish Speaking Groups

3A. Reason for termination of each client counted in question 2: (Count one reason per client terminated - totals should equal the totals above in # B- 2)

<u>Male Client</u>	<u>Female Client</u>	<u>Spanish Speaking Groups</u>
<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Excessive Absences
<input type="checkbox"/> Non-Compliance w/ Rules	<input type="checkbox"/> Non-Compliance w/ Rules	<input type="checkbox"/> Non-Compliance w/ Rules
<input type="checkbox"/> Recurrence of Violence	<input type="checkbox"/> Recurrence of Violence	<input type="checkbox"/> Recurrence of Violence
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Arrest/Probation Violation	<input type="checkbox"/> Arrest/Probation Violation	<input type="checkbox"/> Arrest/Probation Violation
<input type="checkbox"/> Non-Payment of Fees	<input type="checkbox"/> Non-Payment of Fees	<input type="checkbox"/> Non-Payment of Fees
<input type="checkbox"/> Other (type below):	<input type="checkbox"/> Other (type below):	<input type="checkbox"/> Other (type below):

0 Total # Terminated 0 Total # Terminated 0 Total # Terminated



Example Problem

And ERROR MESSAGES

Part A

Question 1

Enter the number of referrals you received during the reporting quarter by their referral source.

The report will automatically total your referrals.

NOTE:

- Count the referral on the date of their intake (not the date they first called your program)
- If the criminal court system was involved at all with the decision for the person to enroll in a program, then count it as a criminal court referral.

Example: We had 8 male clients referred to us by Criminal Court.

A. REFERRAL OUTCOME INFORMATION

1. Referrals received this quarter, counted by referring source

Male Clients

8	Criminal Court
	Civil Court
	DSS
	Mental Health
	Substance Abuse
	Self-Referral
	Probation/Parole Initiated
<u>8</u>	Total # referred

Female Clients

	Criminal Court
	Civil Court
	DSS
	Mental Health
	Substance Abuse
	Self-Referral
	Probation/Parole Initiated
<u>0</u>	Total # referred

Spanish Speaking

	Criminal Court
	Civil Court
	DSS
	Mental Health
	Substance Abuse
	Self-Referral
	Probation/Parole Initiated
<u>0</u>	Total # referred

Part A

Question 2

Enter the number of referred clients that you enrolled in a program

NOTE:

- This would include clients you will enroll when the group begins

2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients

6	Criminal Court
	Civil Court
	DSS
	Mental Health
	Substance Abuse
	Self-Referral
	Probation/Parole Initiated

6 Total # accepted

Female Clients

	Criminal Court
	Civil Court
	DSS
	Mental Health
	Substance Abuse
	Self-Referral
	Probation/Parole Initiated

0 Total # accepted

Spanish Only Group Enrollees

M		F		Criminal Court
M		F		Civil Court
M		F		DSS
M		F		Mental Health
M		F		Substance Abuse
M		F		Self-Referral
M		F		Probation/Parole Initiated

M 0 F 0 Total # accepted

Example: of the 8 criminal court referrals we received, we enrolled 6.

Part A

Question 3

3. **All referrals not enrolled, listed by referring source** (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Next, enter the number of referred clients that you did not enroll in the program.

Example: of the 8 Criminal Court referrals we received, we did not enroll 4 of them.

Male Clients

4	Criminal Court
	Civil Court
	DSS
	Mental Health
	Substance Abuse
	Self-Referral
	Probation/Parole Initiated

4 **Total # not enrolled**

Female Clients

	Criminal Court
	Civil Court
	DSS
	Mental Health
	Substance Abuse
	Self-Referral
	Probation/Parole Initiated

0 **Total # not enrolled**

Spanish Speaking Only

M		F		Criminal Court
M		F		Civil Court
M		F		DSS
M		F		Mental Health
M		F		Substance Abuse
M		F		Self-Referral
M		F		Probation/Parole Initiated

M 0 **F** 0 **Total # not enrolled**

Part A

Questions 1-3: Error!

The error message “**Error in this column**” means that there is an error in the Male Clients Column.

The error message “**Error: Criminal Court**” means that the error has to do with Criminal Court referrals. This will happen for any referral when there is an incorrect number in the referral boxes in Questions 1, 2, or 3.

NOTE: The error message will always show up below Question 3, though the error may be in Question 1, 2, or 3.



A. REFERRAL OUTCOME INFORMATION

1. Referrals received this quarter, counted by referring source

Male Clients		Female Clients		Spanish Speaking	
<input type="text" value="8"/>	Criminal Court	<input type="text"/>	Criminal Court	<input type="text"/>	Criminal Court
<input type="text"/>	Civil Court	<input type="text"/>	Civil Court	<input type="text"/>	Civil Court
<input type="text"/>	DSS	<input type="text"/>	DSS	<input type="text"/>	DSS
<input type="text"/>	Mental Health	<input type="text"/>	Mental Health	<input type="text"/>	Mental Health
<input type="text"/>	Substance Abuse	<input type="text"/>	Substance Abuse	<input type="text"/>	Substance Abuse
<input type="text"/>	Self-Referral	<input type="text"/>	Self-Referral	<input type="text"/>	Self-Referral
<input type="text"/>	Probation/Parole Initiated	<input type="text"/>	Probation/Parole Initiated	<input type="text"/>	Probation/Parole Initiated
<u>8</u>	Total # referred	<u>0</u>	Total # referred	<u>0</u>	Total # referred

2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients		Female Clients		Spanish Only Group Enrollees				
<input type="text" value="6"/>	Criminal Court	<input type="text"/>	Criminal Court	M	<input type="text"/>	F	<input type="text"/>	Criminal Court
<input type="text"/>	Civil Court	<input type="text"/>	Civil Court	M	<input type="text"/>	F	<input type="text"/>	Civil Court
<input type="text"/>	DSS	<input type="text"/>	DSS	M	<input type="text"/>	F	<input type="text"/>	DSS
<input type="text"/>	Mental Health	<input type="text"/>	Mental Health	M	<input type="text"/>	F	<input type="text"/>	Mental Health
<input type="text"/>	Substance Abuse	<input type="text"/>	Substance Abuse	M	<input type="text"/>	F	<input type="text"/>	Substance Abuse
<input type="text"/>	Self-Referral	<input type="text"/>	Self-Referral	M	<input type="text"/>	F	<input type="text"/>	Self-Referral
<input type="text"/>	Probation/Parole Initiated	<input type="text"/>	Probation/Parole Initiated	M	<input type="text"/>	F	<input type="text"/>	Probation/Parole Initiated
<u>6</u>	Total # accepted	<u>0</u>	Total # accepted	M	<u>0</u>	F	<u>0</u>	Total # accepted

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients		Female Clients		Spanish Speaking Only				
<input type="text" value="4"/>	Criminal Court	<input type="text"/>	Criminal Court	M	<input type="text"/>	F	<input type="text"/>	Criminal Court
<input type="text"/>	Civil Court	<input type="text"/>	Civil Court	M	<input type="text"/>	F	<input type="text"/>	Civil Court
<input type="text"/>	DSS	<input type="text"/>	DSS	M	<input type="text"/>	F	<input type="text"/>	DSS
<input type="text"/>	Mental Health	<input type="text"/>	Mental Health	M	<input type="text"/>	F	<input type="text"/>	Mental Health
<input type="text"/>	Substance Abuse	<input type="text"/>	Substance Abuse	M	<input type="text"/>	F	<input type="text"/>	Substance Abuse
<input type="text"/>	Self-Referral	<input type="text"/>	Self-Referral	M	<input type="text"/>	F	<input type="text"/>	Self-Referral
<input type="text"/>	Probation/Parole Initiated	<input type="text"/>	Probation/Parole Initiated	M	<input type="text"/>	F	<input type="text"/>	Probation/Parole Initiated
<u>4</u>	Total # not enrolled	<u>0</u>	Total # not enrolled	M	<u>0</u>	F	<u>0</u>	Total # not enrolled

Error in this column
Error: Criminal Court

Part A

Question 3: Error!

This error is because of the 8 Criminal Court referrals we said we received, we said we enrolled 6. That would leave 2 Criminal Court referrals. But, we said we did not enroll 4!

As you can see, $8 \neq 6 + 4$

That means there are 2 Criminal Court referrals that are incorrectly accounted for.

To fix the error, we will need to go back and look at our notes.

A. REFERRAL OUTCOME INFORMATION

1. Referrals received this quarter, counted by referring source

Male Clients		Female Clients		Spanish Speaking	
<input checked="" type="checkbox"/>	Criminal Court	<input type="checkbox"/>	Criminal Court	<input type="checkbox"/>	Criminal Court
<input type="checkbox"/>	Civil Court	<input type="checkbox"/>	Civil Court	<input type="checkbox"/>	Civil Court
<input type="checkbox"/>	DSS	<input type="checkbox"/>	DSS	<input type="checkbox"/>	DSS
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Self-Referral	<input type="checkbox"/>	Self-Referral	<input type="checkbox"/>	Self-Referral
<input type="checkbox"/>	Probation/Parole Initiated	<input type="checkbox"/>	Probation/Parole Initiated	<input type="checkbox"/>	Probation/Parole Initiated
<u>8</u>	Total # referred	<u>0</u>	Total # referred	<u>0</u>	Total # referred

2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients		Female Clients		Spanish Only Group Enrollees		
<input checked="" type="checkbox"/>	Criminal Court	<input type="checkbox"/>	Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/>	Criminal Court
<input type="checkbox"/>	Civil Court	<input type="checkbox"/>	Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/>	Civil Court
<input type="checkbox"/>	DSS	<input type="checkbox"/>	DSS	M <input type="checkbox"/>	F <input type="checkbox"/>	DSS
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Self-Referral	<input type="checkbox"/>	Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/>	Self-Referral
<input type="checkbox"/>	Probation/Parole Initiated	<input type="checkbox"/>	Probation/Parole Initiated	M <input type="checkbox"/>	F <input type="checkbox"/>	Probation/Parole Initiated
<u>6</u>	Total # accepted	<u>0</u>	Total # accepted	M <u>0</u>	F <u>0</u>	Total # accepted

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients		Female Clients		Spanish Speaking Only		
<input checked="" type="checkbox"/>	Criminal Court	<input type="checkbox"/>	Criminal Court	M <input type="checkbox"/>	F <input type="checkbox"/>	Criminal Court
<input type="checkbox"/>	Civil Court	<input type="checkbox"/>	Civil Court	M <input type="checkbox"/>	F <input type="checkbox"/>	Civil Court
<input type="checkbox"/>	DSS	<input type="checkbox"/>	DSS	M <input type="checkbox"/>	F <input type="checkbox"/>	DSS
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Mental Health	M <input type="checkbox"/>	F <input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Substance Abuse	M <input type="checkbox"/>	F <input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Self-Referral	<input type="checkbox"/>	Self-Referral	M <input type="checkbox"/>	F <input type="checkbox"/>	Self-Referral
<input type="checkbox"/>	Probation/Parole Initiated	<input type="checkbox"/>	Probation/Parole Initiated	M <input type="checkbox"/>	F <input type="checkbox"/>	Probation/Parole Initiated
<u>4</u>	Total # not enrolled	<u>0</u>	Total # not enrolled	M <u>0</u>	F <u>0</u>	Total # not enrolled

Error in this column
Error: Criminal Court

Part A

Question 3

It turns out we didn't enroll 6 of the 8 Criminal Court referrals like we thought. We only enrolled 4.

So, if we update the Criminal Court enrolled number from 6 to 4 in Question 2, the error message goes away.

2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients		Female Clients		Spanish Only Group Enrollees				
<input checked="" type="checkbox"/>	Criminal Court	<input type="checkbox"/>	Criminal Court	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Criminal Court
<input type="checkbox"/>	Civil Court	<input type="checkbox"/>	Civil Court	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Civil Court
<input type="checkbox"/>	DSS	<input type="checkbox"/>	DSS	M	<input type="checkbox"/>	F	<input type="checkbox"/>	DSS
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Mental Health	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Substance Abuse	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Self-Referral	<input type="checkbox"/>	Self-Referral	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Self-Referral
<input type="checkbox"/>	Probation/Parole Initiated	<input type="checkbox"/>	Probation/Parole Initiated	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Probation/Parole Initiated
<u>4</u>	Total # accepted	<u>0</u>	Total # accepted	M	<u>0</u>	F	<u>0</u>	Total # accepted

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients		Female Clients		Spanish Speaking Only				
<input checked="" type="checkbox"/>	Criminal Court	<input type="checkbox"/>	Criminal Court	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Criminal Court
<input type="checkbox"/>	Civil Court	<input type="checkbox"/>	Civil Court	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Civil Court
<input type="checkbox"/>	DSS	<input type="checkbox"/>	DSS	M	<input type="checkbox"/>	F	<input type="checkbox"/>	DSS
<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Mental Health	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Mental Health
<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>	Substance Abuse	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	Self-Referral	<input type="checkbox"/>	Self-Referral	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Self-Referral
<input type="checkbox"/>	Probation/Parole Initiated	<input type="checkbox"/>	Probation/Parole Initiated	M	<input type="checkbox"/>	F	<input type="checkbox"/>	Probation/Parole Initiated
<u>4</u>	Total # not enrolled	<u>0</u>	Total # not enrolled	M	<u>0</u>	F	<u>0</u>	Total # not enrolled

Part A

Questions 1-3

Now you can see that our spreadsheet is balanced between Questions 1, 2, and 3.

Time to move on to the next question!

A. REFERRAL OUTCOME INFORMATION

1. Referrals received this quarter, counted by referring source

Male Clients		Female Clients		Spanish Speaking	
<input type="text" value="8"/>	Criminal Court	<input type="text" value="0"/>	Criminal Court	<input type="text" value="0"/>	Criminal Court
<input type="text" value=""/>	Civil Court	<input type="text" value=""/>	Civil Court	<input type="text" value=""/>	Civil Court
<input type="text" value=""/>	DSS	<input type="text" value=""/>	DSS	<input type="text" value=""/>	DSS
<input type="text" value=""/>	Mental Health	<input type="text" value=""/>	Mental Health	<input type="text" value=""/>	Mental Health
<input type="text" value=""/>	Substance Abuse	<input type="text" value=""/>	Substance Abuse	<input type="text" value=""/>	Substance Abuse
<input type="text" value=""/>	Self-Referral	<input type="text" value=""/>	Self-Referral	<input type="text" value=""/>	Self-Referral
<input type="text" value=""/>	Probation/Parole Initiated	<input type="text" value=""/>	Probation/Parole Initiated	<input type="text" value=""/>	Probation/Parole Initiated
<u>8</u>	Total # referred	<u>0</u>	Total # referred	<u>0</u>	Total # referred

2. All referrals assessed and enrolled in group, counted by referring source (Include in this count all referrals accepted, even if the group has not yet begun. Count Hispanic clients separately only if you provide Spanish only groups)

Male Clients		Female Clients		Spanish Only Group Enrollees				
<input type="text" value="4"/>	Criminal Court	<input type="text" value="0"/>	Criminal Court	M	<input type="text" value="0"/>	F	<input type="text" value="0"/>	Criminal Court
<input type="text" value=""/>	Civil Court	<input type="text" value=""/>	Civil Court	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Civil Court
<input type="text" value=""/>	DSS	<input type="text" value=""/>	DSS	M	<input type="text" value=""/>	F	<input type="text" value=""/>	DSS
<input type="text" value=""/>	Mental Health	<input type="text" value=""/>	Mental Health	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Mental Health
<input type="text" value=""/>	Substance Abuse	<input type="text" value=""/>	Substance Abuse	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Substance Abuse
<input type="text" value=""/>	Self-Referral	<input type="text" value=""/>	Self-Referral	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Self-Referral
<input type="text" value=""/>	Probation/Parole Initiated	<input type="text" value=""/>	Probation/Parole Initiated	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Probation/Parole Initiated
<u>4</u>	Total # accepted	<u>0</u>	Total # accepted	M	<u>0</u>	F	<u>0</u>	Total # accepted

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients		Female Clients		Spanish Speaking Only				
<input type="text" value="4"/>	Criminal Court	<input type="text" value="0"/>	Criminal Court	M	<input type="text" value="0"/>	F	<input type="text" value="0"/>	Criminal Court
<input type="text" value=""/>	Civil Court	<input type="text" value=""/>	Civil Court	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Civil Court
<input type="text" value=""/>	DSS	<input type="text" value=""/>	DSS	M	<input type="text" value=""/>	F	<input type="text" value=""/>	DSS
<input type="text" value=""/>	Mental Health	<input type="text" value=""/>	Mental Health	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Mental Health
<input type="text" value=""/>	Substance Abuse	<input type="text" value=""/>	Substance Abuse	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Substance Abuse
<input type="text" value=""/>	Self-Referral	<input type="text" value=""/>	Self-Referral	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Self-Referral
<input type="text" value=""/>	Probation/Parole Initiated	<input type="text" value=""/>	Probation/Parole Initiated	M	<input type="text" value=""/>	F	<input type="text" value=""/>	Probation/Parole Initiated
<u>4</u>	Total # not enrolled	<u>0</u>	Total # not enrolled	M	<u>0</u>	F	<u>0</u>	Total # not enrolled

Part A

Question 4: Error!

In this section you give explanations for why the referrals were not enrolled in a program.

The error message that is showing right now, **“Error: too few explanations,”** is because we show 4 not enrolled male clients, but have no explanations for them.

This error message will go away as soon as we enter the right amount of explanations.

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients		Female Clients		Spanish Speaking Only		
<input type="text" value="4"/>	Criminal Court	<input type="text"/>	Criminal Court	M <input type="text"/>	F <input type="text"/>	Criminal Court
<input type="text"/>	Civil Court	<input type="text"/>	Civil Court	M <input type="text"/>	F <input type="text"/>	Civil Court
<input type="text"/>	DSS	<input type="text"/>	DSS	M <input type="text"/>	F <input type="text"/>	DSS
<input type="text"/>	Mental Health	<input type="text"/>	Mental Health	M <input type="text"/>	F <input type="text"/>	Mental Health
<input type="text"/>	Substance Abuse	<input type="text"/>	Substance Abuse	M <input type="text"/>	F <input type="text"/>	Substance Abuse
<input type="text"/>	Self-Referral	<input type="text"/>	Self-Referral	M <input type="text"/>	F <input type="text"/>	Self-Referral
<input type="text"/>	Probation/Parole Initiated	<input type="text"/>	Probation/Parole Initiated	M <input type="text"/>	F <input type="text"/>	Probation/Parole Initiated
4	Total # not enrolled	0	Total # not enrolled	M 0	F 0	0 Total # not enrolled

4. Explanation of why referrals were not enrolled (Count each client once using the main reason for non-enrollment)

Male Clients		Female Clients		Spanish Speaking Clients	
<input type="text"/>	Substance Abuse	<input type="text"/>	Substance Abuse	<input type="text"/>	Substance Abuse
<input type="text"/>	Mental Health	<input type="text"/>	Mental Health	<input type="text"/>	Mental Health
<input type="text"/>	Probation Revoked	<input type="text"/>	Probation Revoked	<input type="text"/>	Probation Revoked
<input type="text"/>	New Charges	<input type="text"/>	New Charges	<input type="text"/>	New Charges
<input type="text"/>	No Shows	<input type="text"/>	No Shows	<input type="text"/>	No Shows
<input type="text"/>	Other:	<input type="text"/>	Other:	<input type="text"/>	Other:

Error: too few explanations

Part A

Question 4

So, we went ahead and added our explanations:

- 2 of the referrals we were not able to enroll because of a Substance Abuse issue
- 1 of the referrals we were not able to enroll because of a Mental Health issues;
- 1 of the referrals had their probation revoked
- and the 1 who had his probation revoked didn't show up.

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Male Clients

4	Criminal Court
	Civil Court
	DSS
	Mental Health
	Substance Abuse
	Self-Referral
	Probation/Parole Initiated

4 Total # not enrolled

Female Clients

	Criminal Court
	Civil Court
	DSS
	Mental Health
	Substance Abuse
	Self-Referral
	Probation/Parole Initiated

0 Total # not enrolled

Spanish Speaking Only

M		F		Criminal Court
M		F		Civil Court
M		F		DSS
M		F		Mental Health
M		F		Substance Abuse
M		F		Self-Referral
M		F		Probation/Parole Initiated

M 0 F 0 Total # not enrolled

4. Explanation of why referrals were not enrolled (Count each client once using the main reason for non-enrollment)

Male Clients

2	Substance Abuse
1	Mental Health
1	Probation Revoked
	New Charges
1	No Shows
	Other:

Female Clients

	Substance Abuse
	Mental Health
	Probation Revoked
	New Charges
	No Shows
	Other:

Spanish Speaking Clients

	Substance Abuse
	Mental Health
	Probation Revoked
	New Charges
	No Shows
	Other:

Error: too many explanations

3. All referrals not enrolled, listed by referring source (Include in this count all no-shows for a scheduled intake, failure to respond to your program information, as well as those not appropriate for group)

Part A

Question 4: Error!

Now we are getting another error message: **“Error: too many explanations.”** This is because we now show a total of 5 explanations, but only have 4 referrals.

Male Clients		Female Clients		Spanish Speaking Only		
<input type="text" value="4"/>	Criminal Court	<input type="text"/>	Criminal Court	M <input type="text"/>	F <input type="text"/>	Criminal Court
<input type="text"/>	Civil Court	<input type="text"/>	Civil Court	M <input type="text"/>	F <input type="text"/>	Civil Court
<input type="text"/>	DSS	<input type="text"/>	DSS	M <input type="text"/>	F <input type="text"/>	DSS
<input type="text"/>	Mental Health	<input type="text"/>	Mental Health	M <input type="text"/>	F <input type="text"/>	Mental Health
<input type="text"/>	Substance Abuse	<input type="text"/>	Substance Abuse	M <input type="text"/>	F <input type="text"/>	Substance Abuse
<input type="text"/>	Self-Referral	<input type="text"/>	Self-Referral	M <input type="text"/>	F <input type="text"/>	Self-Referral
<input type="text"/>	Probation/Parole Initiated	<input type="text"/>	Probation/Parole Initiated	M <input type="text"/>	F <input type="text"/>	Probation/Parole Initiated
<u>4</u>	Total # not enrolled	<u>0</u>	Total # not enrolled	M <u>0</u>	F <u>0</u>	Total # not enrolled

Remember:
You can only use one explanation per referral.

Fortunately, this is an easy fix. When we remove the extra explanation, the “No Shows,” the error message disappears.

4. Explanation of why referrals were not enrolled (Count each client once using the main reason for non-enrollment)

Male Clients		Female Clients		Spanish Speaking Clients	
<input type="text" value="2"/>	Substance Abuse	<input type="text"/>	Substance Abuse	<input type="text"/>	Substance Abuse
<input type="text" value="1"/>	Mental Health	<input type="text"/>	Mental Health	<input type="text"/>	Mental Health
<input type="text" value="1"/>	Probation Revoked	<input type="text"/>	Probation Revoked	<input type="text"/>	Probation Revoked
<input type="text"/>	New Charges	<input type="text"/>	New Charges	<input type="text"/>	New Charges
<input type="text"/>	No Shows	<input type="text"/>	No Shows	<input type="text"/>	No Shows
<input type="text"/>	Other:	<input type="text"/>	Other:	<input type="text"/>	Other:

Part B

Questions 1-3

Now we are going to account for the status of our program at the end of the reporting quarter.

At the end of the reporting quarter we have:

- 7 Male clients enrolled in a group
- 2 Male clients completing a group
- 3 Male clients we terminated from the group

Remember: the spreadsheet will automatically total your #s.

B. PARTICIPANT OUTCOME (in groups/completed/terminated)

1. Total # of participants completing program this quarter: _____ 0 Total # completing all groups

Male Female Female
Enrolled in Spanish Speaking Groups

2. Total # of participants terminated from program this quarter: _____ 0 Total # terminated all groups

Male Female Male Female
Enrolled in Spanish Speaking Groups

3. Total # of participants in all groups this quarter (Participants from previous quarter as well as new enrollees, minus answers from Questions 1 and 2): _____ 0 Total # in all groups

Male Female Male Female
Enrolled in Spanish Speaking Groups

3A. Reason for termination of each client counted in question 2: (Count one reason per client terminated - totals should equal the totals above in # B- 2)

<u>Male Client</u>	<u>Female Client</u>	<u>Spanish Speaking Groups</u>
<input type="text"/> Excessive Absences	<input type="text"/> Excessive Absences	<input type="text"/> Excessive Absences
<input type="text"/> Non-Compliance w/ Rules	<input type="text"/> Non-Compliance w/ Rules	<input type="text"/> Non-Compliance w/ Rules
<input type="text"/> Recurrence of Violence	<input type="text"/> Recurrence of Violence	<input type="text"/> Recurrence of Violence
<input type="text"/> Substance Abuse	<input type="text"/> Substance Abuse	<input type="text"/> Substance Abuse
<input type="text"/> Arrest/Probation Violation	<input type="text"/> Arrest/Probation Violation	<input type="text"/> Arrest/Probation Violation
<input type="text"/> Non-Payment of Fees	<input type="text"/> Non-Payment of Fees	<input type="text"/> Non-Payment of Fees
<input type="text"/> Other (type below):	<input type="text"/> Other (type below):	<input type="text"/> Other (type below):
<hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 5px;"/> 0 Total # Terminated	<hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 5px;"/> 0 Total # Terminated	<hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 5px;"/> 0 Total # Terminated

Part B Questions 4

Example:

As you can see, we are currently getting an error message: **“Error: too few reasons.”**

This is because we show that 3 Male Clients were terminated, but we have not explained why the 3 Male clients were terminated.

This message will go away as soon as we accurately enter the reasons for termination.

B. PARTICIPANT OUTCOME (in groups/completed/terminated)

1. Total # of participants completing program this quarter: 0 Total # completing all groups

Male Female Enrolled in Spanish Speaking Groups
 Female

2. Total # of participants terminated from program this quarter: 3 Total # terminated all groups

Male Female Male Female
 3 Enrolled in Spanish Speaking Groups

3. Total # of participants in all groups this quarter (Participants from previous quarter as well as new enrollees, minus answers from Questions 1 and 2): 0 Total # in all groups

Male Female Male Female
 Enrolled in Spanish Speaking Groups

3A. Reason for termination of each client counted in question 2: (Count one reason per client terminated - totals should equal the totals above in # B- 2)

<u>Male Client</u>	<u>Female Client</u>	<u>Spanish Speaking Groups</u>
<input type="text"/> Excessive Absences	<input type="text"/> Excessive Absences	<input type="text"/> Excessive Absences
<input type="text"/> Non-Compliance w/ Rules	<input type="text"/> Non-Compliance w/ Rules	<input type="text"/> Non-Compliance w/ Rules
<input type="text"/> Recurrence of Violence	<input type="text"/> Recurrence of Violence	<input type="text"/> Recurrence of Violence
<input type="text"/> Substance Abuse	<input type="text"/> Substance Abuse	<input type="text"/> Substance Abuse
<input type="text"/> Arrest/Probation Violation	<input type="text"/> Arrest/Probation Violation	<input type="text"/> Arrest/Probation Violation
<input type="text"/> Non-Payment of Fees	<input type="text"/> Non-Payment of Fees	<input type="text"/> Non-Payment of Fees
<input type="text"/> Other (type below):	<input type="text"/> Other (type below):	<input type="text"/> Other (type below):
<u>0</u> Total # Terminated	<u>0</u> Total # Terminated	<u>0</u> Total # Terminated

Error: too few reasons

Part B

Question 4

Of the 3 Male client that were terminated this quarter:

- 4 were not compliant with the rules

As you can see, we received another error message: **“Error: too many reasons.”**

This is because there can only be as many reasons as there are terminations, in this case 3.

B. PARTICIPANT OUTCOME (in groups/completed/terminated)

1. Total # of participants completing program this quarter: _____ **0** Total # completing all groups

Male Female Female
Enrolled in Spanish Speaking Groups

2. Total # of participants terminated from program this quarter: _____ **3** Total # terminated all groups

3 Male Female Male Female
Enrolled in Spanish Speaking Groups

3. Total # of participants in all groups this quarter (Participants from previous quarter as well as new enrollees, minus answers from Questions 1 and 2): _____ **0** Total # in all groups

Male Female Male Female
Enrolled in Spanish Speaking Groups

3A. Reason for termination of each client counted in question 2: (Count one reason per client terminated - totals should equal the totals above in # B- 2)

<u>Male Client</u>	<u>Female Client</u>	<u>Spanish Speaking Groups</u>
<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Excessive Absences	<input type="checkbox"/> Excessive Absences
<input type="checkbox"/> 4 Non-Compliance w/ Rules	<input type="checkbox"/> Non-Compliance w/ Rules	<input type="checkbox"/> Non-Compliance w/ Rules
<input type="checkbox"/> Recurrence of Violence	<input type="checkbox"/> Recurrence of Violence	<input type="checkbox"/> Recurrence of Violence
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Arrest/Probation Violation	<input type="checkbox"/> Arrest/Probation Violation	<input type="checkbox"/> Arrest/Probation Violation
<input type="checkbox"/> Non-Payment of Fees	<input type="checkbox"/> Non-Payment of Fees	<input type="checkbox"/> Non-Payment of Fees
<input type="checkbox"/> Other (type below):	<input type="checkbox"/> Other (type below):	<input type="checkbox"/> Other (type below):
4 Total # Terminated	0 Total # Terminated	0 Total # Terminated

Error: too many reasons

Part C

Questions 1-5

The last section of the report is where you record how you are reaching out to the victims of the BIP enrollees.

Remember, this section is part of your compliance with the BIP rules. Non completion can result in corrective action.

In question 5, we are looking for contacts specifically made with VSPs regarding the victims of clients in your program.

The totals for each question should be roughly equal to the number of your referrals.

C. VICTIM SAFETY (Total numbers should roughly correspond to numbers of referrals enrolled, see Question A2)

1. Number of victims able to contact : _____
 - 1a. Number of victims unable to contact (e.g. no contact information): _____
 - 1b. Number of victims requesting no contact : _____
2. Total of BIP program information letters sent to victims : _____
 - 2a. Total returned correspondence (e.g.: unable to deliver, returned by sender): _____
3. Number of victims spoken to over the phone or in person : _____
 - 3a. Total number of safety plans created with victims : _____
4. Number of victims notified after client completes sessions : _____
 - 4a. Number of victims notified when client is terminated : _____
5. Number of contacts made with Victim Service Provider (DV agency): _____

NEW! Section D

This year we have added a signature line to the Statistical Report Forms. You must have the Executive Director or Program Director of your BIP review this form prior to sending it to our office.

We have received countless forms with errors that should not have gone unresolved and this is our measure to stop that from happening.

We also want to express the importance of this form, these numbers are made available to the public as well as the courts. They are reflective of your agency as well as North Carolina's response to Domestic Violence and Batterer Intervention Programs. We want everyone to be honestly and wholly represented by their numbers and the work that they do.

D. _____
Signature of Executive Director or BIP Program Director

Date

Statistical Forms are DUE
Two (2) weeks after the end of the reporting quarter:

- July 15th
- October 15th
- January 15th
- April 15th

Form Revised 06/2017

TO SUBMIT FORM:
Attach completed excel document to an email.
Title Email:
Program Name, County, # Quarter Report
Email must be sent to:
Batterer.Intervention@doa.nc.gov

Now it is time to save your report
and email it to:

Batterer.Intervention@doa.nc.gov!

Remember:

1. Save the report as an excel document, print the report and have it signed, scan and save the document as a PDF;
2. Attach the signed PDF to an email;
3. Title the email: Your Program Name, Your County, # Quarter Report;
4. Send the email to Batterer.Intervention@doa.nc.gov.