



Confidential when completed

Collected under the authority of the *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S19

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	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 Oc	aober 2.2, 2003
PLEASE READ THE ATTACHED GUIDEBOOK FOR INST	
COMPLETING THE QUESTIONNAIRE.	RUCTIONS AND DEFINITIONS WHILE
	RUCTIONS AND DEFINITIONS WHILE
COMPLETING THE QUESTIONNAIRE.	our victim service agency is part of a larger agency
COMPLETING THE QUESTIONNAIRE. AGENCY 1. Please indicate which best describes your agency (if y	our victim service agency is part of a larger agency onent only).
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	r agency provide services to clients other than	. , , ,		e?
1 () Y	es ² No è Go to Question 4			
. Please ind	dicate the percentage of your annual clientele	you would estimate is v	victims of crime	9.
	%			
AREA				
Please inc	dicate the area(s) your agency serves (Check	all that apply).		\land
1 🔿 U	rban/suburban			$ \land \land$
2 🔿 R	ural/village			\sim
3 🔿 R	eserve		\langle	\bigcirc \checkmark \checkmark
			\bigcap	\searrow
. Is your ad	jency located on a reserve?			/
1	es $2 \bigcirc No$	$\langle \langle \langle \rangle \rangle$	\searrow	
<u> </u>	\smile			
	TIONS TARGETED FOR SERVICE	\sim		
	y victims. (<i>Check all that apply</i>)	\bigcirc		
		> Male	Female	Both Sexes
	tims of d Sexual Abuse	> Male	Female	Both Sexes
1) Child	d Sexual Abuse			
1) Child 2) Sexu	d Sexual Abuse	1	² ()	3 ()
 Child Sexu 3) Partr 	d Sexual Abuse		² 2	3 () 3 ()
 Child Sexu Sexu Partr Othe 	d Sexual Abuse		² ² ²	3 () 3 () 3 ()
 Child Sexu Sexu Partr Othe Resident 	d Sexual Abuse		2 2 2 2	3 () 3 () 3 () 3 ()
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 Child Sexu Partr Othe Othe Resident Viole Viole Viole Crime Politi Frau 	d Sexual Abuse Ial Assault her Abuse or Domestic Violence dential School Abuse ence (general) place Vislence inal Harassment (Stalking) ical Persecution/Torture d/Economic/Property Crime		2 () 2 () 2 () 2 () 2 () 2 () 2 () 2 ()	3 () 3 ()
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Seni	or victims of	Male	Female	Both Sexes
	Partner Abuse	1 ()	2 🔾	3 🔾
16)	Elder Abuse	1 ()	2 ()	3
17)	Other Types of Crimes	1	2	3
18)	Other (please specify) :			
	a)	1 ()	2 (3 ()
	b)	1 🔿	2 🔾	3 🔾
	c)	1 ()	2 ()	3 ()
		Male	Female	Both Sexes
Chilo	d or youth victims of			
19)	Sexual Abuse or Sexual Exploitation	1 ()	² ()	$\sqrt{30}$
20)	Physical Abuse/Neglect	1 ()	2	$\sqrt{3^{\circ}}$
21)	Domestic Violence	1 ()	2) 3 ()
22)	School-based Violence	$1 \bigcirc ($	20	3 ()
23)	Violence - General		∑¥0	3 ()
24)	Impaired Driving Offences		2 🔾	3 ()
25)	Hate & Bias Crimes		2 ()	3 ()
26)	All Child/Youth Victims/No Specific Population(s) Targeted	\mathcal{D}_{1}	2 ()	3 🔾
27)	Other (please specify) :			
	a)	1 ()	² ()	з ()
	b)	1 ()	² ()	³ ()
	c)	1 ()	2 ()	3 ()
ami	ilies of	Male	Female	Both Sexes
	Homicide Victims	1 ()	2 ()	3 🔾
29)	Sextratky Abosed Children	1 ()	2 🔾	3 🔾
30)	Rhysically Abused Children	1 ()	2 ()	3 🔾
3(1)	Victims of Residential School Abuse	1 ()	2 ()	3 🔾
32)	> Missing, Abducted and Exploited Children	1 ()	2 🔾	3 🔾
33)	Victims of Impaired Driving	1	2	3
34)	All Families of Victims/No Specific Population(s) Targeted Victims	1 ()	2	3 ()
35)	Other (please specify):			
	a)	1 ()	2 ()	3 ()
	b)	1 ()	2 ()	3 🔾

PROGR	RAMS						
	indicate if your agency offers speci rimary or secondary victims (Chec				any of the follow	ving populati	ons,
1 ()	Adults – Females	16	\bigcirc	Ethno-cultural or group(s)	Visible Minority F	Persons, pleas	e specify
² ()	Adults – Males			group(s) a)			
³ ()	Adults – Both Sexes			b)			
4 ()	Seniors – Females						
5 ()	Seniors – Males			c)			
6 ()	Seniors – Both sexes	17	\bigcirc	Persons with Phy	sical Disabilities		
7 ()	Children – Females	18	\bigcirc	Persons with Mer	ntal Disabilities		^
	Children – Males	19	\bigcirc	Lesbian/bisexual	women	/	
0	Children – Both Sexes	20	\bigcirc	Gay/bisexual me		<	$\langle \langle \neg \rangle$
	Francophones	21	0	Other (please spe	ecify):	$\sqrt{}$	\searrow
	Anglophones					$ \longrightarrow $	${\overset{\bigvee}{}}$
	Aboriginal Persons					(\bigcirc)	
	First Nations Persons	22	\bigcirc	Not Applicable/N	o dedicated prog	rams	
45 0	Métis Persons				$\langle \langle \rangle \rangle$	>	
()	Inuit Persons			\wedge ($\bigcirc \bigcirc \bigcirc \land$		
SERVIC	CES				$\underline{\checkmark}$		
					<u></u>		
Please i	indicate if your agency offers any o	f the	follov	ving services eith	her through dire	ect service or	referral to
	indicate if your agency offers any o gencies. (Check <u>all</u> that apply)	f the	follov	ving services eith	Direct		Not
other ag	gencies. (Check <u>all</u> that apply)		follov	ving services eith	-	Referral	Not applicable
other ag	gencies. (Check <u>all</u> that apply)		follow	ving services eith	Direct Service	Referral	Not applicable ³ ()
other ag 1) As 2) Ba	gencies. (Check <u>all</u> that apply) sistance with Victim Impact Statements sic needs provision (e.g., food, clothing		follow	ving services eith	Direct Service	Referral 2 2	Not applicable ³ ³
1) As: 2) Ba 3) Ca	gencies. (Check <u>all</u> that apply) esistance with Victim Impact Statements usic needs provision (e.g., food, clothing ase/trial updates		follow	ving services eith	Direct Service 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Referral 2 2 2 2	Not applicable 3 () 3 () 3 ()
1) As: 2) Ba 3) Ca	gencies. (Check <u>all</u> that apply) sistance with Victim Impact Statements sic needs provision (e.g., food, clothing		follov	ving services eith	Direct Service	Referral 2 2	Not applicable ³ ³
other ag 1) As: 2) Ba 3) Ca 4) Ch	gencies. (Check <u>all</u> that apply) esistance with Victim Impact Statements usic needs provision (e.g., food, clothing ase/trial updates		follov	ving services eith	Direct Service 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Referral 2 2 2 2	Not applicable 3 () 3 () 3 ()
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. Cor	ntinued	Direct Service	Referral	Not applicable
19)	Emergency and disaster responses	1 ()	2 (³ ()
20)	Emotional support	1 ()	2 ()	3 🔾
21)	First aid	1 ()	2 ()	3 🔾
22)	Health/medical services	1 ()	2 🔾	3 🔾
23)	Hospital accompaniment	1 ()	2 ()	3 ()
24)	Housing assistance	1 ()	2 ()	3 🔾
25)	Information on criminal justice system structure and process	1 ()	2 ()	3 ()
26)	Legal information and advocacy	1 ()	2 ()	3
27)	Liaise with other agencies on behalf of client	1 ()	² _ <	/2 Z /
28)	Prevention training (for clients)	1 ()	²	/
29)	Psychological assistance	1 ()	2	\sim^3
30)	Public education	1 ()	(2)	³ ()
31)	Restorative justice/mediation measures: orientation and information		2	3 ()
32)	Restorative justice/mediation measures: accompaniment & support	\Box	2 ()	3 ()
33)	Risk assessment (conduct or coordinate)	Yo	² ()	3 🔾
34)	Safety planning – immediate	✓ 1 ()	2 ()	3 🔾
35)	Safety planning – long term	1 ()	² ()	3 ()
36)	Self-help/peer support groups	1 ()	² ()	3 ()
37)	Shelter/housing- longer term housing	1 ()	² ()	³ 〇
38)	Shelter/housing – emergency	1 ()	2 ()	3 ()
39)) Training (of other agencies, justice personnel, etc.)	1 ()	2 ()	з ()
40)	Transportation	1 ()	2 ()	3 ()
41)	Victim/witness preparation	1 ()	² ()	³ ()
42)	Victim notification	1 ()	2 ()	3 🔾
43)	General/Information	1 ()	2 ()	3 ()
44	Advocacy	1 ()	² ()	3 ()
45)	Lobby activities	1 ()	2 ()	3 ()
46)	Public Education and Prevention	1 ()	2 ()	3 ()
47)	Other (please specify):			
	a) 	1 ()	2 ()	3 ()
	b)	1 ()	2 ()	3 ()
	c)	1 ()	² ()	3 ()
	our agency involved in the delivery/coordination of restorative just ninal justice matters?	ice processes	for	

10. What	is your age	ency's main met	hod(s) of service (delivery to clients? (Che	eck <u>all </u> that apply)	
1 (Mail	4	Face-to-face	other than at scene of in	cident)	
2 () Telephor	1e 5	Other (pleas	e specify):		
з С	At scene	of incident				
ACCE	ESSIBILIT	Y				
11. Is you	ur agency a	able to accommo	date clients who	do not speak either Eng	lish or French?	
1 () Yes	² O No è G	o to Question 14			
						\wedge
	are the me ck <u>all</u> that		ccommodate clier	nts who do not speak E	nglish or French?	
1 (mily member, friend	, caregiver, advocate	\checkmark	$\longrightarrow \lor$
2 (of client,	,				$\langle \rangle$
3	~		person who has no	relationship with	\bigcirc)
	_		is specific service fr	ee of charge)	\sim	
4 () Staff mei	mber(s)		(
5 (Other (pl	ease specify):))	
staff r	your agen members o ck <u>all</u> that	r volunteers who	r visual materials a o can communicat	available for clients in a everbally with clients in	ny of the following land any of the following land of the following	anguages, or g languages
staff r	members o <i>ck <u>all</u> that</i>	r volunteers who apply)? Audio or	Staff members	available for clients in a everbally with clients in	n any of the followin Audio or	g languages Staff members or
staff r (Che	members o <i>ck <u>all</u> that</i> v	r volunteers who <i>apply</i>)? Audio	Staff members	e verbally with clients in	Audio or visual materials	g languages Staff members or volunteers
staff r (Che	members o <i>ck <u>all</u> that</i> v English	r volunteers who apply)? Audio or	Staff members	16) Persian (farsi)	Audio or visual materials	g languages Staff members or volunteers 2
staff r (Che 1) 2)	members o <i>ck <u>all</u> that</i> V English French	r volunteers who apply)? Audio or	Staff members	16) Persian (farsi) 17) Polish	Audio or visual materials	g languages Staff members or volunteers 2 2 2 2 2
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	Yes	No		
a) Mobility impairment	1 🔿	2 🔿		
b) Hearing impairment	1 ()	2 ()	If you answered "no	" to all of th
c) Visual impairment	1 ()	2	above, go to questio	
d) Other (please specify):	1 🔵	2 🗋		
Is at least one of your building entrance automatic or easy-to-open doors, etc.)	s wheelchair acces	sible? (e.g. acc	ess ramps, street-level	entrances,
			^	
¹ Yes ² Non				$\langle \rangle \rangle$
Does your agency have services for per	ople who are deaf c	r hearing impair	ed, such as:	\searrow
		Yes		
a) TTY/TDD? (Teletypewriter, Telephone	e Device for Deaf)	1 ()	\sim	
b) Sign language communication or inter	pretation?	1	2	
c) Other services?		\wedge^1		
		$\langle \langle \rangle \rangle$		
Does your agency have services for per	ople who are blind	r visually impair	ed, such as:	
Does your agency have services for per	ople who are blind	yrvisually impair Yes	ed, such as: No	
Does your agency have services for per a) Braille reading materials?	ople who are blind	$\mathcal{I}_{\mathcal{I}}$		
	ople who are blind	$\mathcal{I}_{\mathcal{I}}$	Νο	
a) Braille reading materials?	ople who are blind	Yes 1	No 2	
a) Braille reading materials?b) Large print reading materials?	ople who are blind	Yes 11	No 2 2	
a) Braille reading materials?b) Large print reading materials?	ople who are blind	Yes 11	No 2 2	
 a) Braille reading materials? b) Large print reading materials? c) Other services? Can your agency accommodate clients 	with mental challen	Yes 1 1 1 1 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2	I Alcohol
 a) Braille reading materials? b) Large print reading materials? c) Other services? Can your agency accommodate clients Syndrome, Fetal Alcohol Effects, schizor 	with mental challer	Yes 1 1 1 1 1 1 1 1 1 1 1 1 1	No 2 2 2 2 2	I Alcohol
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 a) Braille reading materials? b) Large print reading materials? c) Other services? Can your agency accommodate clients Syndrome, Fetal Alconol Effects, schizo 1 Yes 2 No è Go to que de la commoda (e.g. Fetal Alcohol Syndrome, Fetal Alconol Syndrome, Fetal Alcohol Syndrome, Fetal Alconol Syndrome, Fetal Syndrome, Fetal	with mental challen pphrenia, Down's Sy uestion 20 te clients with the n ohol Effects, schizo	Yes 1 1 1 1 1 1 ges or mental h yndrome, etc.)? mental challenge phrenia, Down's porofessional agen	No 2 2 2 2 2 cies	
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EMPLOY	YEES AND VOLUNTEERS
21. Does you	ur agency provide training for employees?
1 () N	Yes ▶ 21a) What type? ¹ ◯ Formal ² ◯ Informal
2 () N	No
3 () N	Not applicable (agency run completely by volunteers) è Go to question 23
22. Does you	ur agency provide support for employees to assist them with the challenges of their work?
1 () N	Yes ▶ 22a) What type? ¹ O Formal ² O Informal
² () N	No
3. Does you	ur agency provide training for volunteers?
1 () Y	Yes ▶ 23a) What type? ¹ ◯ Formal ² ◯ Informal
2 () N	No
3 () N	Not applicable (do not have volunteers) è Go to question 25
4. Does you	ur agency provide support for volunteers to assist them with the challenges of their work?
1 () Y	Yes ▶ 24a) What type? ¹ ○ Formal ² ○ Informal
	No
	\sim
COMMU	NITY PARTERNSHIPS
5. On how i	many committees does your agency currently sit?
97 () N	Not applicable
6. What is t	he number of programs (outside your own agency) or agencies with which your agency currently has
partnersh	nips?
	$ (\xi (\bigcirc)) $
97 🔿 🛚	
SECTION	N 2 – ANNUAL INFORMATION
The purpo	pseof 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 onth reference period used.
Referenc	e period: Please specify the 12-month period used in providing information for this section.
X I	
From:	
CLIENTS	3
previous and secc clients as	ndicate the total number of persons assisted between April 1, 2002 and March 31, 2003 or during the 12-month period if March 31, 2003 is not your fiscal year end. "Persons assisted" includes primary ondary victims. (<i>Enter 0 if there were none</i>). If your agency does not keep track of annual counts of assisted, please leave the spaces under a) and b) blank and put a check beside c) " <i>No annual counts ns assisted available</i> ".
	se indicate the sex and number of persons assisted
	Females 1
	Males 2
	Sex unknown 3
	Total 4

b)	Please indicate the age and number of persons assisted
	Under 18 1
	18 years and older ²
	Age unknown 3
	Total 4
	(The totals for a) and b) should equal one another)
c)	No annual counts of persons assisted available
,	
\//\C	
	se indicate the number of victim impact statements your agency has prepared or assisted clients with ing the annual reporting period.
1	
2 (
3 (Don't know Not applicable/do not provide this service
- (
29. Plea	se indicate the number of victim impact statements filed with the courts during the annual
repo	rting period.
1	$\Diamond_{\mathcal{A}}(\bigcirc)$
2 () Don't know
3 (Not applicable/do not provide this service
30. For a indic	agencies whose mandate is to notify the primary or secondary victim of offender activity or status, please ate the following for the annual reporting period:
b)	Number of notifications provided
~	
//r	Don't know
\bigvee	³ O Not applicable
\sim	> · · · · · · · · · · · · · · · · · · ·
EMF	PLOYEES AND VOLUNTEERS
	he annual reporting period, please indicate the number of staff in the form of paid full-time equivalents, ding those who work on a fee-for-service basis and contracted employees.
1	•
2 (Not applicable/agency run completely by volunteers è Go to question 33
	se indicate the number of paid staff who received training or professional development during the annual rting period. (<i>Enter 0 if there were none</i>)
1	
L 2 () Don't know
- (

	inteers such as those assisting clients,				
men	mbers of the agency's board of director	s. (Ente	r 0 if there we	re none)
	Number of persons who volunteered - new	v 1			
	Number of persons who volunteered - ong	poing 2			
	Number of volunteers who left	3			
	⁴ O Not applicable (do not have volunt	eers) è	Go to quest	ion 37	1
		,			
	ase indicate the number of hours volunt formed.	eers wor	ked during the	annual	reporting period by type of work
	Direct service to clients	1			
	On-call hours for direct service	2			
	Other (including administrative duties, fundraising, board of directors, etc.)	3			
	Total	4			
	⁵ O Don't know/not available è G	to ques	tion 36		
	0	4		<	$\langle \rangle \rangle$
num	bu do not keep track of hours worked by nber of hours per week performed by al	v volunte I volunte	ers, please pro	ovide you mual rep	r best estimate of the average porting period.
num	bu do not keep track of hours worked by nber of hours per week performed by al	v volunte	ers, please pro	ovide you mual rep	or best estimate of the average sorting period.
num 1 [bu do not keep track of hours worked by ober of hours per week performed by al ase indicate the number of volunteers would reporting period.	l volunte	ers over the ar	inulal rep	ofting period.
num 1 [nber of hours per week performed by al	l volunte	ers over the ar	inulal rep	ofting period.
num 1 [6. Plea anni 1 [ase indicate the number of volunteers visual reporting period.	rto recei	ers over the ar	inulal rep	ofting period.
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num 1 [6. Plea ann 1 [WAI	ase indicate the number of volunteers visual reporting period.	to kecei	ved training or	professi	ional development during the
num 1 [6. Plea ann 1 [WAI	ase indicate the number of volunteers v ual reporting period.	to kecei	ved training or	professi	ional development during the
num 1 [5. Plea annu 1 [WAN	ase indicate the number of volunteers visual reporting period.	to kecei	ved training or	professi	ional development during the
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num 1 [5. Plea annu 1 [WAN	ase indicate the number of volunteers visual reporting period.	ENTS	ved training or	professi	ional development during the
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num 1 [. Plea annu 1 [WAI 1 (3 (3 (3 () b)	And the number of volunteers were asse indicate the number of volunteers were reporting period.	ENTS iod, did y 9	ved training or	professi	ional development during the
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tio to question 41 ia are used? (Check <u>all</u> the protocols trim or direct call from the vict violence or victimization/repeat mization service agencies): ELIVERY num of 3) any events that Ma and for service from your a doing; changes in partnerst traumatic event to the cor	tim at victim at victim at victim at victim at victim () () () () () () () () () ()
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nization service agencies): ELIVERY num of 3) any events that M and for service from your a ding; changes in partnerst traumatic event to the cor	Ave occurred over the last two years that have had a regency (e.g. changes in legislation, policies, procedure hips with other programs; new prevention initiatives; mmunity, etc.). Please describe the impact on the tts, change in profile of clientele, etc.).
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	TION 3 – Revenues and Expenditures	$\langle \langle \rangle \rangle$	
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1)	Salary costs (all salary and b	onofito	noludia -	coousi-	and fac	for cond		1	1			÷
,						-IOI Servic	e cosis))	2			9
2)	Overhead costs (rent, supplie	,			.)				_			\$
3)	Capital expenditures (furnitur			,					3			\$
4)	Staff and/or volunteer training	g (includ	es confe	rences)					4			\$
5)	Direct client costs (e.g. food,	supplies	s, transpo	ortation,	etc.)				5			\$
6)	Other costs (please specify):											
	a)								6			\$
	b)								7		-	\$
	c)								8	\langle	$\langle \langle \rangle \rangle$	\$
7)	Total annual agency expen	ditures							9		\rightarrow	$\frac{1}{2}$
	(sum of items 1 to 6c)									\mathcal{C}	\rightarrow \sim	¢
									$(\frown$	$\gamma \sim$	>	
5. Are	e the revenue and expendit	ure figu	res that	were pi	rovided	in quest	ions 43	and 44	based)) on:		
(Cl	heck only one)						\wedge	\bigcirc	、			
1	Audited financial data						\sim	\langle / \rangle	>			
2	Estimated data					\Diamond . ((\bigcirc))				
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			MALES	6			I	FEMALE	S		Not
		Aç	ge groupi	ngs	1		Aç	je group	ings		appl abl
	0–11	12–17	18–64	65+	Age unknown	0–11	12–17	18–64	65+	Age unknown	J
Other Violent Offences											
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) Criminal Harassment (Stalking)	1	2	3	4	5	6	7	8	9	10	11
Property Crimes	1		T		1				1	\wedge	\
j) Arson	1	2	3	4	5	6	7	8	9	10	11
k) Other Property Crime	1	2	3	4	5	6	7	8	9		<u>]</u>]
Traffic Offenses		1	1	1	1	1	1		$\rightarrow \rightarrow$	\sim	r
I) Impaired Driving (other than causing death)	1	2	3	4	5	6	7	a C) ⁹) ~	10	11
m) Other Traffic Offences	1	2	3	4	5	6		8	9	10	11
Other Criminal Code Offences					~ (\bigcirc	\searrow				
n) Other Criminal Code Offences	1	2	3	4 (5	6	7	8	9	10	11
Other incidents				\sim	$\sim / /$						
o) Non-criminal Incidents	1	2	3	4//	5	6	7	8	9	10	11
 p) Traffic Incident – Undetermined if Criminal 	1	2			5	6	7	8	9	10	11
q) Other Incident – Undetermined if Criminal	1		3	4	5	6	7	8	9	10	11
TOTAL	2))%		1								
		2	3	4	5	6	7	8	9	10	11
r) Total	\searrow										
 Please indicate the number of during service hours on Octor Counting as many as apply following services directly from each were provided crisis into 	ber 22, 2 v for eac m your a	2003 or h clien agency.	your alt t, indica For exa	ernate : te the ri ample, i	snapsho number o if you se	t day. of clients rved 10	s who re clients	eceived on snaj	any of oshot d	the ay and th	hey
write "10" in each of these ca	tegories	. Count	t both p	rimary a	and seco	ndary c	lients. F	Please e	ensure	all crisis	line
calls are counted during crisis	s-line ho	urs. See	e Guide	book fo	r further	details.	(Ente	r 0 if th	ere we	re none)
								Num	ber	Not applica	ble
1) Assistance with Victim Impa	ct Staten	nents					1			² ()	
2) Basic needs provision (e.g.,	food, clo	thing)					1			2 ()	
3) Case/trial updates							1			2 ()	
4) Child protection services							1			2 ()	
5) Claims assistance							1			² ()	
6) Conflict resolution							1			² ()	
							1				

eling – individual virientation information incompaniment counseling (other than crisis line calls) counseling or other assistance via crisis lines uidebook for instructions) intervention/response stress debriefing ency and disaster responses nal support d medical services al accompaniment g assistance ation on criminal justice system structure and process information and advocacy with other agencies on behalf of client atric assistance ative justice/mediation measures: orientation and unformation ative justice/mediation measures: accompaniment & support essessment (conduct or coordinate) planning - long term or immediate lp/peer support groups ortation witness preparation interficia					Number	Not applicab
prientation nformation inccompaniment counseling (other than crisis line calls) counseling or other assistance via crisis lines uidebook for instructions) intervention/response stress debriefing ency and disaster responses nal support d medical services al accompaniment g assistance ation on criminal justice system structure and process information and advocacy with other agencies on behalf of client ative justice/mediation measures: orientation and unformation ative justice/mediation measures: orientation and unformation ative justice/mediation measures: accompaniment & support sessment (conduct or coordinate) planning - long term or immediate tp/peer support groups ortation witness preparation notification al Information top, prevention, Training (for clients only)	8)	Counseling – group		1		2 🔾
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ency and disaster responses nal support d (medical services al accompaniment g assistance ation on criminal justice system structure and process information and advocacy with other agencies on behalf of client atric assistance ative justice/mediation measures: orientation and information ative justice/mediation measures: accompan(ment & support issessment (conduct or coordinate) planning - long term or immediate lp/peer support groups ortation witness preparation notification al Information ative, Prevention, Training (for clients only)	15)	Crisis intervention/response		1		2 ()
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d medical services al accompaniment g assistance ation on criminal justice system structure and process nformation and advocacy with other agencies on behalf of client atric assistance ative justice/mediation measures: orientation and unformation ative justice/mediation measures: accompaniment & support sessment (conduct or coordinate) planning - long term or immediate lp/peer support groups ortation witness preparation notification al Information al Information al Information mediate of the support groups ortation al Information al Information	17)	Emergency and disaster responses		1	<	
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al accompaniment g assistance ation on criminal justice system structure and process nformation and advocacy with other agencies on behalf of client atric assistance ative justice/mediation measures: orientation and information ative justice/mediation measures: accompan(ment & support ative justice/mediation ative	19)	First aid		1	<u> </u>	20
g assistance ation on criminal justice system structure and process information and advocacy with other agencies on behalf of client atric assistance ative justice/mediation measures: orientation and information ative justice/mediation measures: accompan(ment & support assessment (conduct or coordinate) planning - long term or immediate planning - long term or immediate planning - long term or immediate ortation witness preparation notification al Information appression appression al Information appression app	20)	Health/medical services		1		> ² ()
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ative justice/mediation measures: accompaniment & support seessment (conduct or coordinate) planning - long term or immediate lp/peer support groups ortation witness preparation notification al Information	26)	Psychiatric assistance		1		2 🔿
ssessment (conduct or coordinate) planning - long term or immediate lp/peer support groups ortation witness preparation notification al Information al Information prevention, Training (for clients only)	27)	Restorative justice/mediation measures: orientation	on and information	1		2 🔿
planning - long term or immediate	28)	Restorative justice/mediation measures: accompa	mment & support	1		2 🔿
Ip/peer support groups ortation witness preparation notification al Information abo, Prevention, Training (for clients only)	29)	Risk assessment (conduct or coordinate)	\mathbf{h}	1		2 ()
ortation witness preparation notification al Information action, Prevention, Training (for clients only)	30)	Safety planning - long term or immediate	\mathbf{r}	1		2 ()
witness preparation notification al Information aby Prevention, Training (for clients only)	31)	Self-help/peer support groups		1		2 🔾
notification al Information approximation ion, Prevention, Training (for clients only)	32)	Transportation		1		2 🔿
al Information	33)	Victim/witness preparation		1		2 🔾
ion, Prevention, Training (for clients only)	34)	Victim notification		1		2 🔾
ion, Prevention, Training (for clients only)	35)	General Information		1		2 ()
	36)	Advocaci		1		2
please specify):	3 7)	Education, Prevention, Training (for clients only)		1		2
	381 381	Other (please specify):		1		2
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	\sim					
	87)	Education, Prevention, Training (for clients only)				1
				2	t day	t day whose incide
licate the number of clients served during service hours o	igrii	to the attention of police. (Enter on the				
licate the number of clients served during service hours o the attention of police. <i>(Enter 0 if there were none)</i>		Reported to the police	1			
the attention of police. (Enter 0 if there were none)		Not reported to the police	2			
the attention of police. <i>(Enter 0 if there were none)</i>		Don't know	3			
the attention of police. <i>(Enter 0 if there were none)</i> rted to the police aported to the police		Total	4			
the attention of police. (Enter 0 if there were none) rted to the police ported to the police know						

Police	1
Courts	2
Corrections	3
Hospital/public healthcare provider	4
Other government agency (please specify):	
	5
Community agency	6
	7
Private practitioner	
Other agency (please specify):	8
	-
No referral from an agency: Referral by family, friend, other	9
No referral from an agency: Client initiated contact	10
Don't know	
and other financial benefit p Please proceed to the end of CTION 5 – CRIMINAL INJURIES COMPENS BENEFIT PROGRAMS: ANNUAL Purpose of this section is to collect annual information	. INFORMATION
and other financial benefit p Please proceed to the end of TION 5 – CRIMINAL INJURIES COMPENS BENEFIT PROGRAMS: ANNUAL e purpose of this section is to collect annual information er financial benefit programs: This information is to be p in 12-month fiscal period. A space is provided for you to erence period: Please specify the 12-month period use	ATION PROGRAMS AND OTHER FINANCIA INFORMATION INFORMATION In activities of criminal injuries compensation programs rovided for the 12-month period ending March 31, 2003 specify the 12-month reference period used. In providing information for this section.
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		appli	ber of cations owed	Amount awarded a	Not applicab
a)	Pain and suffering	1	2	\$	3 ()
b)	Loss of love and guidance	1	2	\$	3 ()
c)	Medical/rehabilitation/dental/eyewear costs	1	2	\$	3 ()
d)	Wage loss	1	2	\$	3 ()
e)	Loss of support to dependants	1	2	\$	3 ()
f)	Child maintenance	1	2	\$	3
g)	Funeral and burial costs	1	2	\$	301
h)	Counseling costs	1	2	\$) Z
i)	Clothing costs	1	2		\rangle^{3}
j)	Transportation costs	1	2	∕∕\$	3 ()
k)	Relocation costs	1	2	\$	3 ()
I)	Counsel/legal assistance (other than legal aid)	1	2	\$	3 ()
m)	Other (please specify):	1 /		\$	3
				I	
typ is r	ase indicate the dollar amount awarded during the be of crime is eligible according to your legislat not eligible according to your compensation leg brk [J] under the column heading "Not applicab	ion, but no amo gislation or ben	ount was awa	arded. If the type	of crim
typ is r	e of crime is eligible according to your legislat not eligible according to your compensation leg	ion, but no amo gislation or ben	ount was awa	arded. If the type m, please put a c Amount	e of crim check
typ is r	e of crime is eligible according to your legislat not eligible according to your compensation leg	ion, but no amo gislation or ben	ount was awa	arded. If the type m, please put a c Amount	e of crim check Not
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typ is r ma a)	be of crime is eligible according to your legislat not eligible according to your compensation leg nrk [J] under the column heading "Not applicab Homicide	ion, but no amo gislation or ben	ount was awa nefits program 1	arded. If the type m, please put a c Amount Awarded (\$) a \$	e of crim check Not applicab
typ is r ma a) b)	be of crime is eligible according to your legislat not eligible according to your compensation leg nrk [J] under the column heading "Not applicab Homicide Other Offences Causing Death texcept traffic)	≬on, but no amo gislation or ben ole".).	pount was awa nefits program 1 3	arded. If the type m, please put a c Amount Awarded (\$) a \$ \$	e of crim sheck Not applicab ² ⁴
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r)	Impaired Operation	of a Mot	or Vehic	le Causi	ng Death	۱			35		ç	\$ 36 (\supset
s)	Impaired Operation	of a Mot	or Vehic	le Causi	ng Bodil	y Harm			37		9	\$ ³⁸ (\supset
t)	Other Traffic Offence	es Caus	ing Deat	h					39		Ş	\$ 40 (\supset
u)	Other Traffic Offence	es Caus	ing Bodil	ly Harm					41		ç	\$ 42 ()
v)	Other Traffic Offence	es							43		ç	\$ 44 ()
w)	Other Criminal Code	Offence	es						45		9	\$ 46 ()
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k) Other Assault

I) Abduction/ Kidnapping

m) Criminal Harassment (Stalking)

n) Uttering Threats

o) Robbery

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r) Impaired Operation of a Motor Vehicle Causing Death												
s) Impaired Operation of a Motor Vehicle Causing Bodily Harm	1	2	3	4	5	6	7	8	9	10	11	12
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