

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C12-4-011

APPLICANT: St. Landry - Evangeline Sexual Assault Center

PROJECT TITLE: Victim Assistance Program

PROJECT FUNDS :

FUND:	\$	<u>43,722</u>	80.00%
MATCH:	\$	<u>10,931</u>	20.00%
TOTAL:	\$	<u>54,653</u>	100.00%

PROJECT DURATION: 12 months

START DATE: 11/01/2012

END DATE: 10/31/2013

Continuation of C00-4-007

PROJECT SUMMARY:

The St. Landry-Evangeline Sexual Assault Center (SLECAS) provides help, healing and hope to survivors of sexual trauma and their family members residing in St. Landry and Evangeline Parishes. SLESAC offers short-term crisis counseling, 24-hour crisis line, medical advocacy, in-services training and community education. Funding is needed to continue this project and retain current staff.

RECOMMENDATION : FUND X DENY    

SPECIAL CONDITIONS :

1. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.



LOUISIANA COMMISSION  
ON LAW ENFORCEMENT  
AND THE ADMINISTRATION  
OF CRIMINAL JUSTICE

CRIME VICTIM ASSISTANCE  
FORMULA GRANT PROGRAM

CFDA #16.575

FOR LCLE USE ONLY:

Project ID: C12-4-011

CVA Purpose Area: 1, 4

1. TITLE OF PROJECT

Victim Assistance Program

2.  NEW PROJECT

CONTINUATION PROJECT OF: C11-4-011

3. PROJECT DURATION

Total Length: **12** Months (*Not to exceed 12 Months*)

Desired Start Date: 11/1/2012

Desired End Date: 10/31/2013

4. PROJECT FUNDS

Federal Funds: \$43,722

Cash Match \$0

In-Kind Match: \$10,931

Total Project: \$54,653

5A. APPLICANT AGENCY INFORMATION

Agency Name: St.Landry-Evangeline Sexual Assault Cen<sup>r</sup>

Physical Address: 611 E. Prudhomme Street, Suite 4

City: Opelousas, La. Zip: 70570-6458

Mailing Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-6499

Phone: (337) 585-4673 FAX: (337) 594-0707

Email: slesac@yahoo.com

5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY

Authorized Official: Laura Balthazar

Title: Executive Director

Agency Name: St.Landry-Evangeline Sexual Assault Center

Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-6499

Phone: (337) 585-4673 FAX: (337) 594-0707

Email: slesac@yahoo.com

Fed Employer Tax Id: 72 - 1458509

DUNS: 1245845 - 87

CCR CAGE/NCAGE: 5F2b7

CCR Expiration Date: 3/20/2013

6. IMPLEMENTING AGENCY

Name: Laura Balthazar

Title: Executive Director

Agency: St.Landry-Evangeline Sexual Assa

Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-6499

Phone: (337) 585-4673 FAX: (337) 594-0707

Email: slesac@yahoo.com

7. PROJECT DIRECTOR

Name: Laura Balthazar

Title: Executive Director

Agency: St.Landry-Evangeline Sexual Assa

Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-6499

Phone: (337) 585-4673 FAX: (337) 594-0707

Email: slesac@yahoo.com

8. FINANCIAL OFFICER

Name: Jenette Thomas

Title: Office Manager/Financial Officer

Agency: St.Landry-Evangeline Sexual Assa

Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-6499

Phone: (337) 585-4673 FAX: (337) 594-0707

Email: slesac@yahoo.com

9. BRIEF PROJECT DESCRIPTION: (*Please do not exceed space provided below.*)

The St. Landry-Evangeline Sexual Assault Center (SLESAC) provides help, healing and hope to survivors of sexual trauma and their family members residing in St. Landry and Evangeline Parishes. SLESAC offers short term crisis counseling, 24 hour Crisis Hot-line, medical advocacy, in-service training and community prevention education. Funding is needed to continue this project and retain current staff (Director and Office Manager)

2012 SEP 12 PM 5:56

LA COMMISSION  
LAW ENFORCEMENT

## VOCA PURPOSE AREAS

Please Check Type of Victimization Served (Check all that apply):

<input checked="" type="checkbox"/>	Sexual Assault
<input type="checkbox"/>	Domestic Abuse
<input type="checkbox"/>	Child Abuse
<input checked="" type="checkbox"/>	Previously Underserved
State Type of Previously Underserved:	

### PROJECT BUDGET SUMMARY

**INSTRUCTIONS:** The Checklist is self-explanatory. In Project Summary, applicable budget category totals will be automatically entered from each of the Detailed Project Budget Summaries. Provide source of Cash and/or In-Kind Match. In last table, check the type of victimization types that this project will address.

**CHECKLIST:**

- |  |                                     |                          |
|--|-------------------------------------|--------------------------|
|  | <b>YES:</b>                         | <b>NO:</b>               |
| Are all budgeted items allowable per Program Guidelines?                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Were instructions followed to determine allowable personnel/contractual costs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Are all line item computations correct?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Do line items add to category totals?  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Have category totals been rounded to nearest dollar?                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
- Each category amount listed in the table below must equal category totals shown on Pages 3 through 11.

Person Completing Budget Section: **Jenette Thomas** Title: **Financial Officer**  
 Phone: (337) 585-4673 Fax: (337) 594-0707 E-Mail: **slesac@yahoo.com**

### PROJECT BUDGET SUMMARY

BUDGET CATEGORIES	FEDERAL FUNDS	CASH MATCH	IN-KIND MATCH	SECTION TOTAL
<b>SECTION 100. PERSONNEL</b>	\$38,537	\$0	\$10,931	<b>\$49,468</b>
<b>SECTION 200. FRINGE BENEFITS</b>	\$3,754	\$0	N/A	<b>\$3,754</b>
<b>SECTION 300. TRAVEL</b>	\$0	\$0	\$0	<b>\$0</b>
<b>SECTION 400. EQUIPMENT</b>	\$0	\$0	\$0	<b>\$0</b>
<b>SECTION 500. SUPPLIES</b>	\$531	\$0	\$0	<b>\$531</b>
<b>SECTION 600. CONTRACTUAL</b>	\$0	\$0	N/A	<b>\$0</b>
<b>SECTION 700. RENOVATION COSTS</b>	\$0	\$0	\$0	<b>\$0</b>
<b>SECTION 800. OTHER DIRECT COSTS</b>	\$900	\$0	\$0	<b>\$900</b>
<b>TOTAL:</b>	<b>\$43,722</b>	<b>\$0</b>	<b>\$10,931</b>	<b>\$54,653</b>

**Provide Source of Cash Match:** 0

**Provide Source of In-Kind Match:** Volunteers will be used as in-kind match

**SECTION 100. PERSONNEL**

Enter Position Titles and Names of the employees for each position funded through this grant. For further information and direction, please refer to the application instructions.

**FULL-TIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	FT	ACTUAL MONTHLY SALARY	TIME DEVOTED TO PROJECT	NUMBER OF MONTHS	TOTAL SALARY PAID BY GRANT	PAID WITH	
							F	C
Executive Director	Laura Balthazar	FT	\$2,462.00	51.00%	12.00	\$15,067.44	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Office Manager	Jenette Thomas	FT	\$2,800.00	53.60%	12.00	\$18,009.60	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
		FT				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF FULL-TIME EMPLOYEES SALARIES:						\$33,077.04	F = Fed Funds C = Cash Match	

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	PT OT	ACTUAL EMPLOYEE HOURLY SALARY RATE	NUMBER OF HOURS	TIME DEVOTED TO PROJECT	NUMBER OF WEEKS	TOTAL SALARY PAID BY GRANT	PAID WITH	
								F	C
Therapist	LaPearl Keys	PT	\$20.00	35.00	15.00%	52.00	\$5,460.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL AMOUNT OF PART-TIME AND/OR OVERTIME EMPLOYEES SALARIES:							\$5,460.00	F = Fed Funds C = Cash Match	

**VOLUNTEERS:**

DUTIES: List ONLY volunteers used as In-Kind Match. Duties must directly relate to the focus of this project. For further information and direction, please refer to the application instructions.	NO. OF HOURS	VALUED RATE OF HOURLY PAY	IN-KIND TOTAL
Answer 24 hour crisis hotline	893.10	\$10.00	\$8,931.00
Medical Escorts provided in hospital emergency rooms	200.00	\$10.00	\$2,000.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$10,931.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$38,537
CASH MATCH	\$0
IN-KIND MATCH	\$10,931
<b>PERSONNEL TOTAL</b>	<b>\$49,468</b>

**SECTION 100. PERSONNEL (Continued) – BRIEFLY EXPLAIN**

Yes  No Are job descriptions for each position attached? If not, explain:

Yes  No Are resumes for each position attached? If not, explain:

A) Need for each position shown above; justify need for overtime:

The Executive Director (Laura Balthazar)- This position is needed to provide administrative support, supervision and oversight of the daily operations of the agency and this grant project. This position will also assist in conducting initial assessments, providing individual, couple, or family counseling, providing expert court testimony, making referrals and recommendations to service providers or other advocacy to survivors throughout the judicial process and oversee/supervise all medical advocacy.

Office Manager (Jenette Thomas)- This position is needed to organize and assist in the daily operating functions of the agency, and to ensure direct services are offered in a timely manner to crime victims through the 24 hour crisis line, medical escort activities, and the scheduling of intake assessments and counseling sessions. Office Manager will also assist therapist in completing initial assessments of intake clients and assist in making referrals under the supervision of the therapist. Office manager also in is charge of doing financial reimbursements for this grant project. Therapist (LaPearl Keys)-This position is needed to provide direct services to crime victims in individual and/or group counseling sessions; and to ensure that referrals are offered to crime victims.

B) The basis for determining the salary of each position:

The Executive Director (Laura Balthazar)- Only 41% of this grant's budget will be allocated for her to fulfill the required administrative functions specified in section A. The remaining 10% reflect her time supervising the direct service providers. The director's salary is based on a part-time position consistent with the directors/administrators of rape crisis programs in the state as monitored by LAFASA. Office Manager (Jenette Thomas)- 53.6% of this position will be funded through this grant for a 12 month period. The salary is comparable to office managers/administrative assistants/secretaries employed by other rape crisis centers. Therapist (LaPearl Keys) - only 15% will be funded through this grant for 12 months. The salary is comparable to therapist/counselor's employed by other rape crisis centers.

C) Project duties of each position requested:

Executive Director (Laura Balthazar)- In addition to administrative duties and oversight of this grant project, the director will respond to medical escorts when needed, make referrals/recommendations, answer crisis line in an on-call capacity, and supervise the co-ordination of the center's volunteers.

Office Manager (Jenette Thomas)- This position is responsible for scheduling appointments, maintenance of office and client files, monitoring the crisis line, assisting Director in grant preparation, payroll, monthly billing, clerical duties and answering office phone.

Therapist (LaPearl Keys) - The therapist will be responsible for delivering direct services (intake assessments, individual counseling, etc) The therapist will also respond to referrals, schedule appointments, and supervise the coordination of the center's direct services.

D) Indicate if personnel will be new or existing personnel. If existing, indicate if position has been backfilled. If this is a continuation application, indicate the personnel's original status. [Existing personnel is an employee that currently works for the agency, but will now be working on grant activities. If so, the position from which the employee was moved must be filled. If employee is same from the previous grant, indicate if the employee was originally hired for that position.]

The Executive Director (Laura Balthazar) is an existing position hired in 02/2008 to replace former Director.

The Office Manager (Jenette Thomas) is the original hire for this position.

Therapist (LaPearl Keys) was hired on October 29, 2007 to replace the former therapist.

All duties will remain the same for these personnel and that is to handle all administrative duties and oversee projects as it pertains to this grant.

**SECTION 200. FRINGE BENEFITS (Employer's Share Only)**

Enter the Individual Name(s) of the employees receiving fringe benefits for each position funded through this grant. There are two sets of each benefit below to allow budgeting for eight employees. For further information and direction, please refer to the application instructions.

Check:  All Fringe Benefits Will Be Paid by Applicant Agency

Additional Fringe Benefits Will Be Paid by Applicant Agency

EMPLOYEES' NAMES:					EMPLOYEES' NAMES: (Continued)						
SOCIAL SECURITY		RATE		SALARY	TOTAL	SOCIAL SECURITY		RATE		SALARY	TOTAL
1.	Laura Balthazar	.062		\$15,067	\$934	5.		.062			\$0
2.	Jenette Thomas	.062		\$18,010	\$1,116	6.		.062			\$0
3.	LaPearl Keys	.062		\$5,460	\$338	7.		.062			\$0
4.		.062			\$0	8.		.062			\$0
MEDICARE		RATE		SALARY	TOTAL	MEDICARE		RATE		SALARY	TOTAL
1.	Laura Balthazar	.0145		\$15,067	\$218	5.		.0145			\$0
2.	Jenette Thomas	.0145		\$18,010	\$261	6.		.0145			\$0
3.	LaPearl Keys	.0145		\$5,460	\$79	7.		.0145			\$0
4.		.0145			\$0	8.		.0145			\$0
HEALTH/LIFE INSURANCE Provide monthly insurance rates		RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTH/LIFE INSURANCE Provide monthly insurance rates		RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL
1.					\$0	5.					\$0
2.					\$0	6.					\$0
3.					\$0	7.					\$0
4.					\$0	8.					\$0
WORKMAN'S COMPENSATION		RATE		SALARY	TOTAL	WORKMAN'S COMPENSATION		RATE		SALARY	TOTAL
1.	Laura Balthazar	0.021		\$15,067	\$316	5.					\$0
2.	Jenette Thomas	0.021		\$18,010	\$378	6.					\$0
3.	LaPearl Keys	0.021		\$5,460	\$114	7.					\$0
4.					\$0	8.					\$0
UNEMPLOYMENT TAX Based on first \$7,000 or Less		RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX Based on first \$7,000 or Less		RATE	TYPE	SALARY	TOTAL
1.			CHECK TYPE:		\$0	5.			CHECK TYPE:		\$0
2.					\$0	6.					\$0
3.			<input type="checkbox"/> FUTA		\$0	7.			<input type="checkbox"/> FUTA		\$0
4.			<input type="checkbox"/> SUTA		\$0	8.			<input type="checkbox"/> SUTA		\$0
PUBLIC/PRIVATE RETIREMENT		RATE		SALARY	TOTAL	PUBLIC/PRIVATE RETIREMENT		RATE		SALARY	TOTAL
1.					\$0	5.					\$0
2.					\$0	6.					\$0
3.					\$0	7.					\$0
4.					\$0	8.					\$0
OTHER:		RATE		SALARY	TOTAL	OTHER:		RATE		SALARY	TOTAL
1.					\$0	5.					\$0
2.					\$0	6.					\$0
3.					\$0	7.					\$0
4.					\$0	8.					\$0
FRINGE BENEFITS TOTAL (A):					\$3,754	FRINGE BENEFITS TOTAL (B):					\$0

PLEASE NOTE: IF MORE THAN EIGHT EMPLOYEES CHARGED TO THIS PROJECT, PLEASE COMPLETE AN ADDENDUM PAGE.

**Fringe Benefits Total (A+B): \$3,754**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,754
CASH MATCH	
<b>TOTAL FRINGE BENEFITS</b>	<b>\$3,754</b>



**SECTION 500. SUPPLIES (Continued)**

**SECTION B:** Use this section only for Publications, workbooks, curriculum guides, videotapes, etc. Under type choose: **P** – Publications; **W** – Workbooks; **CG** – Curriculum Guides; **V** – Videotapes; **O** – Other. Itemize each item separately. Include tax and shipping costs in Unit Price, when applicable.

TYPE	TITLE OF PUBLICATIONS/FILMS	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL OF SECTION B SUPPLIES:				\$0.00	<small>F = Federal Funds C = Cash Match IK = In-Kind Match</small>		

**BRIEFLY EXPLAIN:**

A) The use of each request and its relationship to the project. Also explain the choice of materials, e.g. based on previous experiences or research showing its effectiveness, etc.:

SECTION 500. SUPPLIES SUMMARY	
FEDERAL FUNDS	\$531
CASH MATCH	
IN-KIND MATCH	
<b>SUPPLIES TOTAL</b>	<b>\$531</b>



## PROGRAM NARRATIVE

### A. PROBLEM DEFINITION

1. Identify the nature and magnitude of the specific problem existing in your particular community that needs to be addressed through this proposed project. **Document the need, not the symptoms or solutions.** Be sure to include current valid local data to support the justification. Give the source and date of your information. State the needs of your agency and the needs of the victims in your area as related to this problem and justify the need for the proposed project.

The St. Landry-Evangeline Sexual Assault Center (SLESAC) is a non-profit organization whose mission is to provide help, healing, and hope to survivors of sexual trauma and violent crimes by offering them localized comprehensive short-term intervention services. SLESAC is responsible for two of the eight parishes located within the Lafayette Region served solely by the Center. St. Landry and Evangeline Parishes are relatively poor parishes, 70% of our population is living at the poverty level. A vast majority of our residents have a high school education or GED. The literacy rate in St. Landry and Evangeline Parish ranges from 41% to 45% according to the Picard Center. The graduation rate among high school seniors is at 63% because of literacy skills. Many of our residents do not have adequate transportation to far distances, nor do they have the funds to purchase fuel. The last Census Report indicated that there were 35,330 residents in Evangeline Parish and 92,326 in St. Landry Parish. The Louisiana statistics also show that our unemployment rate ranges between 6.7 % to 7.1 %.

If SLESAC was to close the victims of sexual assaults and other violent crimes would be forced to travel to Lafayette for services. Due to SLESAC's presence, residents in Evangeline and St. Landry Parishes can now access free rape crisis services without traveling long distances which frequently impede, interrupt, and prematurely terminate services due to the lack of available transportation and location. SLESAC keeping this in mind open a satellite office in Ville Platte which is centrally located for those residents in the parish, and on some occasions have traveled to Basile to offer counseling to clients in that area because of no transportation. Because St. Landry and Evangeline Parishes are rural parishes victims of sexual assault tend to not want to address that issue and for many of them this is a way of family life (especially for our incest victims). SLESAC has been in the community promoting awareness and offering several programs for youths.

Since SLESAC's inception in 1999, we have continued to provide counseling to 1378 primary victims as of 12/31/2011.

SLESAC's Staff responded to 13 new rape cases. The St. Landry Parish Sheriff's Office reported 52 Sexual Assaults reported to their detective's division in 2011. According to LAFASA, the rate of forcible rapes in 2009 in Louisiana was estimated at 30.3% per 100,000 inhabitants.

Nevertheless, the number of Slesac's referrals has continued to increase due to the amount of awareness and prevention education the center provides through in-service training to professionals and adults and to students pre-k to high school. In 2011, Slesac collectively through all its programs served 4,405 individuals. All of these contingencies justify the need for the Slesac's continued existence and presences in the communities it serves.

2. Describe gap in community resources and how the gap was identified. Explain what need is created by this gap in services/programs.

Slesac's many collaboration with different organizations and meeting monthly, we stress community resources that are available for victims of crime and abuse. Through networking with each other we recognize the need that all of the agencies that deal with sexual abuse, domestic abuse, and emergency housing for females in this area. We have also ascertain through networking that many of the non-profits who assist victims of crime funding has decreased over the years. One resource that our community needs is for a one-stop shop for victims, whereby victims can be assisted at one time through many outreach offices under one roof.

## B. GOALS

**GOALS:** The primary mission of all projects is to have a positive impact on the victims, not just to accumulate statistics on how many are served. Based on the problem identified, BRIEFLY state what the project hopes to accomplish. Do this by providing a clear statement of the effect this project will have on the problem.

1. Slesac will continue to offer direct therapeutic services to rape victims in St. Landry and Evangeline parish.
2. Slesac will continue to provide immediate assistance in emergency rooms to rape victims and the 24-hour crisis hot-line.

## C. OBJECTIVES

**OBJECTIVES:** Provide at least TWO (2) measurable objectives for EACH goal. Objectives need to be measurable, observable aspects of the program. Identify who, what will change and by how much. Use absolute numbers, not percentages and be sure to include a baseline number.

1. (a) Provide individual counseling services to 125 victims in St. Landry Parish and Evangeline Parish.
- 1 (b) Assist 50 survivors of past rape, incest, or abuse in the resolution of issues relating to their sexual assault experiences.
2. (a) Provide 24 hour crisis intervention services through the hot-line.
- 2 (b) Provide escort services to 20 new rape victims entering hospital emergency rooms in Slesac's service area.

## D. ACTIVITIES / METHODS

List the specific activities and/or services to be provided that will accomplish the objectives. Must include a timetable for achieving the various components of your project. Timetable must cover entire grant period. This must relate back to the Goals and Objectives. If this is a training project, omit this page and complete D-2 Training Programs.

- Goal 1 Objective
- 1(a) Retain a therapist to provide 6-8 weekly scheduled one hour individual therapy sessions and facilitate support groups for victims of rape by addressing resolution and integration of victimization into the victim's overall functioning during the grant period of November 1, 2012 through October 31, 2013.
  - 1(b) Avail therapist in an on-call basis to initiate referrals to agency and facilitate continuum of care process through grant period of November 1, 2012 through October 31, 2013.
  - 1© The therapist will document and maintain records of services provided to victims through grant period of November 1, 2012 through October 31, 2013.
- Goal 2 Objective
- 2( a) Provide trained volunteer advocates to assist in the Emergency Room as needed for immediate response through grant period November 1, 2012 through October 31, 2013.
  - 2(b) Retain an office manager to co-ordinate volunteer services, provide follow-up to victims needing referral to the center, to maintain case records on victims receiving services, and to monitor the 24 hour crisis hot-line through grant period of November 1, 2012 through October 31, 2013.



## **H. PRIOR RESULTS (For Continuation Projects Only)**

1. Based on the objectives of the previous application, what were the measurable outcomes? (Refer to the previous project's performance stated in the quarterly progress reports and other additional information.)

Slesac sponsored two "Take Back the Night, March and Vigil" during the month of October 2011 in St. Landry and Evangeline Parishes. There was approximately 635 participants in both Vigils, including volunteers, social groups, other non-profit agencies, high school participants, and other community activist. Volunteers passed out brochures on sexual assaults, domestic violence, internet safety and sexting. The therapist also saw 69 children and 37 adults for counseling. The Crisis hot-line calls consisted of 403 hot-line calls and there were 188 crisis hot-line counseling sessions. The Slesac Center has devoted 100% to victim services on the previous project.

2. Did the project work as expected? Explain.

The Victim Assistance Program worked as expected and allowed the Center to maintain a therapist and office manager. The Slesac Center was able to collaborate with other agencies, and did not deny anyone the services that we provide. Our clientele and participants have increased due to our collaborations in the community as a result of the program.

3. Have the original goals and objectives been revised?  Yes  No

If Yes, explain what changes will be made in the continuation of this project and why?

## I. EVALUATION AND DISSEMINATION OF REPORTING

### **A COPY OF YOUR EVALUATION FORMS USED FOR THIS PROJECT MUST BE INCLUDED.**

1. From who will the data be collected – what is the source?

The data will be collected from the therapist and the office manager who will compiled the quarterly reports for the project.

2. When will the data be collected?

The data is collected every quarter.

3. Who will collect and analyze the data?

The data will analyze by the Executive Director.

4. Who will be responsible for submitting the data for the Quarterly Progress Reports: State name and contact information.

Name: Jenette Thomas

Phone: (337) 585-4673

Email: slesac@yahoo.com

5. Following evaluation, who and how will updating or revising of the project's strategy be accomplished?

The Executive Director, and Executive Board Members will evaluate project's strategy with the assistance of the therapist, community educator and office manager.

6. Name the recipients who will receive the project's results and the schedule of reporting (i.e. monthly, quarterly, yearly). Recipients MUST state the Louisiana Commission on Law Enforcement will receive Quarterly Progress Reports and expenditure reports quarterly/monthly as specified at award time. Recipients should also include, if applicable, board of directors, applicant agency (if different from implementing agency), courts with jurisdiction, etc.

Slesac project's results and quarterly reports will be submitted quarterly to Board Members, Louisiana Commission on Law Enforcement, and local law enforcement agencies if requested.

# Victim Services- Statistical Data Sheet

Case # \_\_\_\_\_ Primary Victim  or Secondary Victim   
 County/Region \_\_\_\_\_

Name: \_\_\_\_\_

G/O: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: Work \_\_\_\_\_ Home \_\_\_\_\_

Comp Claim? Y/N Claim Number \_\_\_\_\_ Case Worker \_\_\_\_\_

## Victimization

- 1. Child Victim of Physical Abuse \_\_\_\_\_
- 2. Child Victim of Sexual Abuse \_\_\_\_\_
- 3. Victim DUI/DWI \_\_\_\_\_
- 4. Victim of Domestic Violence \_\_\_\_\_
- 5. Adult Victim of Sexual Assault \_\_\_\_\_
- 6. Elder Abuse \_\_\_\_\_
- 7. Adult Molested as Child \_\_\_\_\_
- 8. Survivors of Homicide Victim \_\_\_\_\_
- 9. Robbery \_\_\_\_\_
- 10. Aggravated Assault \_\_\_\_\_
- 11. \_\_\_\_\_ \_\_\_\_\_
- 12. \_\_\_\_\_ \_\_\_\_\_
- 13. \_\_\_\_\_ \_\_\_\_\_
- 14. Other Victim of Crime \_\_\_\_\_  
 (Specify in offense) \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

Age: \_\_\_\_\_

Disabled: Yes  No

Nature: \_\_\_\_\_

Offense: \_\_\_\_\_

Defendant/Respondent: \_\_\_\_\_

## SERVICES

Date of Service: \_\_\_\_\_

How Service provided: Telephone Personal Letter eMail

- |                               |                                |
|-------------------------------|--------------------------------|
| 1. Crisis Counseling _____    | 9. Emer. Financial Asst. _____ |
| 2. Follow-up _____            | 10. Emer. Legal Assist. _____  |
| 3. Therapy _____              | 11. Assist With CVC _____      |
| 4. Hotline _____              | 12. Personal Advocacy _____    |
| 5. Group Treat/Support _____  | 13. Tele. Info Referral _____  |
| 6. Shelter/Safe House _____   | 14. Other (specify) _____      |
| 7. Personal Info. Ref. _____  | Describe _____                 |
| 8. Justice Support/Advo _____ |                                |

## NOTES:

Volunteer \_\_\_\_\_ Hours \_\_\_\_\_  
 Entered by \_\_\_\_\_ Assigned to \_\_\_\_\_ Referred \_\_\_\_\_

CLIENT COUNT CONTROL

TREATMENT SERVICE Individual

MONTH/YEAR \_\_\_\_\_

THERAPIST L. ...

CASELOAD CHANGES

A CASE NAME CASE NUMBER	B DATE OPEN	C BROT FWD	D NEW REFER	E V A N G E L I N E	S T L A N D R Y	E T R A N S I N	F T R A N S O U T	G D A T E C L O S E	H C O U R T	S E L F	O C S	H O S P I T A L	L A W E N F O R C E M E N T	
			INCREASE				DECREASE							
COLUMN TOTALS														

ADD

ADD

MINUS  =

St. Landry-Evangeline Sexual Assault Center  
(SLESAC)

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
SAC # \_\_\_\_\_

Referral Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Race: \_\_\_\_\_

Parish: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

<u>Type of Assault</u>	_____	Incest
	_____	Molestation
	_____	Rape
	_____	Other

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Source: \_\_\_\_\_

For Questions/Comments, please call (337) 585-4673. Forms may be faxed,  
(337) 594-0707, or mailed to 539 E. Prudhomme Street, Opelousas, LA 70570.

ST.LANDRY-EVANGELINE SEXUAL ASSAULT CENTER

INTAKE

HOSPITAL: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ KIT NUMBER: \_\_\_\_\_

R.N.: \_\_\_\_\_ ADVOCATE: \_\_\_\_\_

HOSPITAL NUMBER: \_\_\_\_\_ DETECTIVE: \_\_\_\_\_

VICTIM'S NAME: _____	VICTIM'S AGE: _____
ADDRESS: _____	DATE OF BIRTH: _____
_____	TELEPHONE: _____
HANDICAPPED:    YES                  NO                  (CIRCLE ONE)	
RACE: _____	SEX: _____                  MARITAL STATUS: _____
EMPLOYED BY: _____	TELEPHONE: _____

TIME OF ASSAULT: \_\_\_\_\_ DATE OF ASSAULT: \_\_\_\_\_ DAY OF WEEK: \_\_\_\_\_

PLACE OF ASSAULT: \_\_\_\_\_

TYPE OF ASSAULT: \_\_\_\_\_

INCIDENT TOOK PLACE - \_\_\_\_\_ CITY/PARISH -OTHER: \_\_\_\_\_

SUSPECT NAME: _____	RELATIONSHIP: _____ (stranger, relative, acquaintance)	
RACE OF SUSPECT: _____	SEX OF SUSPECT: _____	AGE OF SUSPECT: _____
<i>AS ACCURATE AS POSSIBLE - GIVE INFORMATION OF THE FOLLOWING ON SUSPECT:</i>		
EYE COLOR _____	HAIR COLOR _____	HEIGHT _____
WEIGHT _____	CLOTHING _____	

SUBJECTIVE DATA

When and where was victim first approached by the assailant?

\_\_\_\_\_  
\_\_\_\_\_

Did the assailant threaten the victim?            YES            NO

Verbal Threats: \_\_\_\_\_

Physical Force: \_\_\_\_\_

Threatened to Use Weapon: \_\_\_\_\_ If yes what weapon \_\_\_\_\_

Did the assailant demand?

Vaginal Intercourse: \_\_\_\_\_            Anal Intercourse: \_\_\_\_\_            Oral Intercourse \_\_\_\_\_

Other (Explain) \_\_\_\_\_

The assailant actually obtained from the victim:

Vaginal Intercourse: \_\_\_\_\_            Anal Intercourse: \_\_\_\_\_            Oral Intercourse \_\_\_\_\_

Other (Explain) \_\_\_\_\_

Was the victim injured?

YES            NO            If yes, describe \_\_\_\_\_  
\_\_\_\_\_

Was assailant alone?            YES            NO

Were others present?            YES            NO            If yes how many? \_\_\_\_\_

Did others observe?            YES            NO

Did others participate?            YES            NO

Has the victim been attacked or sexually assaulted before?            YES            NO

Does the victim wish to press charges?            YES            NO

Is the victim willing to cooperate with the police to testify in court?            YES            NO

How does she/he feel about this?

\_\_\_\_\_  
\_\_\_\_\_

# ST. LANDRY-EVANGELINE SEXUAL ASSAULT CENTER MONTHLY STATISTICS

PERIOD COVERED:

St. Landry Parish	# of Services Provided	# of Clients Served	Breakdown of number served						
			Male	Female	Children	Race			
						B <sub>1</sub>	W <sub>2</sub>	O <sub>3</sub>	
Intake									
Individual counseling									
Group counseling									
Medical escort									
Court escort									
Crisis line calls									
Education									
Information/referral									
Training									

Evangeline Parish	# of Services Provided	# of Clients Served	Breakdown of number served						
			Male	Female	Children	Race			
						B <sub>1</sub>	W <sub>2</sub>	O <sub>3</sub>	
Intake									
Individual counseling									
Group counseling									
Medical escort									
Court escort									
Crisis line calls									
Education									
Information/referral									
Training									

(B) - black  
(W) - white  
(O) - other

INITIAL ASSESSMENT

\*\*Use back of pages as needed to complete responses.

IDENTIFYING INFORMATION:

Date: \_\_\_\_\_ Case# \_\_\_\_\_

Client \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Birthplace \_\_\_\_\_ Religion \_\_\_\_\_

Marital status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Living with partner \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Address \_\_\_\_\_ Parish of Residence \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Referral Source: \_\_\_\_\_

IMMEDIATE FAMILY:

MEMBERS OF HOUSEHOLD-ADULTS & CHILDREN

LIST CHILDREN-YOURS OR PARTNER'S NOT IN HOME

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NAME	BIOLOGICAL/STEP CHILD	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

FREQUENCY OF VISITATION WITH ABOVE: \_\_\_\_\_

If applicable, describe terms of legal custody and visitation: \_\_\_\_\_

Years married to current spouse or living with significant other/partner: \_\_\_\_\_

List strengths in current relationship: \_\_\_\_\_

\_\_\_\_\_ Never been in serious relationship

\_\_\_\_\_ Not currently in relationship

PRESENTING PROBLEMS: Describe current problems and what incident of sexual assault/abuse prompted you to seek counseling:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age at time of incident: \_\_\_\_\_ Type: \_\_\_\_\_

Perpetrator(s) \_\_\_\_\_ Relationship \_\_\_\_\_

Age \_\_\_\_\_ Race \_\_\_\_\_ M / F

Location of incident(s) and Parish/State: \_\_\_\_\_

Was this incident reported? \_\_\_\_\_ To Whom? \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

Has anything similar happened before? YES NO

If yes, please describe the event and its outcome: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STRESSORS:** Check any stressors below occurring at the time problems & symptoms began or since.

CLINICAL NOTES

\_\_\_\_\_ Family Conflict/problems \_\_\_\_\_

\_\_\_\_\_ Family move \_\_\_\_\_

\_\_\_\_\_ Birth of a child \_\_\_\_\_

\_\_\_\_\_ Death of a friend or family \_\_\_\_\_

\_\_\_\_\_ Problems at work \_\_\_\_\_

\_\_\_\_\_ Marital problems \_\_\_\_\_

\_\_\_\_\_ Problems at work (me/spouse) \_\_\_\_\_

\_\_\_\_\_ Major Medical Problems \_\_\_\_\_

\_\_\_\_\_ Birthday \_\_\_\_\_

\_\_\_\_\_ Lost Job \_\_\_\_\_

\_\_\_\_\_ Job Change \_\_\_\_\_

\_\_\_\_\_ Separation-Month/Yr \_\_\_\_\_

\_\_\_\_\_ Divorce-Month/Yr \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Financial Problems \_\_\_\_\_

\_\_\_\_\_ Problems with crime or legal system \_\_\_\_\_

\_\_\_\_\_ Natural Disaster \_\_\_\_\_

\_\_\_\_\_ Relative being abused \_\_\_\_\_

When did these symptoms and problems begin? \_\_\_\_\_

What have you done to deal with them until now? \_\_\_\_\_

\_\_\_\_\_

Parental input: \_\_\_\_\_

\_\_\_\_\_

Have you ever had any thoughts of suicide or thoughts of hurting yourself? YES NO

If yes, describe these thoughts, plans and when these occurred: \_\_\_\_\_

\_\_\_\_\_

Have you ever attempted suicide? YES NO

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Have you had other problems you *WERE NOT TREATED FOR* in the following areas?

- |   |  |
|---|--|
| <input type="checkbox"/> Panic Attacks      | <input type="checkbox"/> Alcohol abuse/dependence (circle)   |
| <input type="checkbox"/> Phobias            | <input type="checkbox"/> Drug abuse/dependence (circle)      |
| <input type="checkbox"/> Behavior Problems  | <input type="checkbox"/> Impulsive behavior                  |
| <input type="checkbox"/> Depression         | <input type="checkbox"/> Aggressive behavior towards persons |
| <input type="checkbox"/> Setting fires      | <input type="checkbox"/> Destruction of property             |
| <input type="checkbox"/> Illegal behavior   | <input type="checkbox"/> Suicidal thoughts/attempts (circle) |
| <input type="checkbox"/> Cruelty to animals | <input type="checkbox"/> Problems with partner(s)            |

If any apply to you, describe each problem, age when problem(s) occurred, duration of each problem and how each problem was resolved:

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MEDICAL HISTORY:

Primary Care/Family physician:

Date of last physical exam:

MEDICAL PROBLEM	MEDICATIONS	TREATING PHYSICIAN

MAJOR SURGERIES	YEAR	MAJOR ILLNESSES	YEAR

Allergies to foods or medications: \_\_\_\_\_

Any developmental and/or learning disabilities: \_\_\_\_\_

Professional advice/treatment for above disability: \_\_\_\_\_

List current medications:

MEDICATION	DOSAGE	FREQUENCY	START DATE	END DATE	PHYSICIAN	SIDE EFFECTS?	BENEFICIAL?

Current mental health practitioner, if any \_\_\_\_\_  
 Length of time under his/her care \_\_\_\_\_

**PREVIOUS PSYCHOLOGICAL AND/OR SUBSTANCE USE PROBLEMS AND TREATMENT:**

List previous meds. prescribed by psychiatrist or other doctor for prior emotional problems:

MEDICATION	DOSAGE	FREQUENCY	START DATE	END DATE	PHYSICIAN	SIDE EFFECTS?	BENEFICIAL?

**HOSPITALIZATIONS AND OUTPATIENT TREATMENT: (For psychiatric or substance abuse problems only):**

DATES	FACILITY/MD/THERAPIST	PRESENTING PROBLEM	OUTCOME

History of involvement in Support/Self Help Groups: \_\_\_\_\_

Have you ever experienced a pregnancy loss? YES NO  
 If yes, describe type (still birth, ectopic pregnancy, miscarriage, abortion, etc.) and give dates: \_\_\_\_\_

**CHEMICAL HISTORY**

**ALCOHOL**  
 Age of first use: \_\_\_\_\_ Last Use: Date/type/amount drank: \_\_\_\_\_

**Alcohol Use Frequency**  
 \_\_\_ None \_\_\_ Less than 1 x/month \_\_\_ 1-4 x/month \_\_\_ 2-3 x/week \_\_\_ Daily

**Usual Alcohol Consumption**  
 \_\_\_ None \_\_\_ 1-2 drinks/episode \_\_\_ 3-4 drinks/episode \_\_\_ 5 or more/episode

**Intoxication Frequency**  
 \_\_\_ Never \_\_\_ Less than 1x/month \_\_\_ 1-4x/month \_\_\_ 2-3x/week \_\_\_ Daily

**Alcohol-Related Problems: (Check all that apply)**  
 \_\_\_ Binges \_\_\_ Job Problems \_\_\_ Sleep problems \_\_\_ Physical withdrawal \_\_\_ Hangovers  
 \_\_\_ DUI's \_\_\_ Blackouts \_\_\_ Other Arrests \_\_\_ Relationship Problems/partner \_\_\_ Seizures  
 \_\_\_ Family Problems \_\_\_ Passing out \_\_\_ Arguments over my drinking \_\_\_ Can't stop after 1<sup>st</sup> drink  
 \_\_\_ Violent when drinking

**SELF-PERCEPTION OF DRINKING: Describe how you see your drinking:**  
 \_\_\_ None \_\_\_ Occasional or Social \_\_\_ Problem Use \_\_\_ Psychological Dependence  
 \_\_\_ Do not want to stop \_\_\_ Addicted/Cannot stop \_\_\_ Want to stop

OTHER SUBSTANCE USE: Check Frequency and Duration for each drug used in the last 12 months

	<u>FREQUENCY OF USE</u>			Amount Used/Episode	<u>DURATION OF USE</u>		Age Began Using
	Daily	Weekly Or Less	Monthly		Less than One Year	More than One Year	
Marijuana	( )	( )	( )	_____	( )	( )	_____
Sedative	( )	( )	( )	_____	( )	( )	_____
Stimulant	( )	( )	( )	_____	( )	( )	_____
Cocaine	( )	( )	( )	_____	( )	( )	_____
Opiates	( )	( )	( )	_____	( )	( )	_____
Inhalants	( )	( )	( )	_____	( )	( )	_____
Hallucinogens	( )	( )	( )	_____	( )	( )	_____
Prescription Drugs	( )	( )	( )	_____	( )	( )	_____

Last Use: Date/Drug(s)/Amount used: \_\_\_\_\_

\_\_\_ Caffeine: Coffee-# of cups per day \_\_\_ Tobacco (If cigarettes, # per day \_\_\_)  
Soft drinks-# of drinks per day \_\_\_

Drug-Related Problems: (Check all that apply)  
\_\_\_ Binges \_\_\_ Work Problems \_\_\_ Sleep problems \_\_\_ Physical withdrawal \_\_\_ Hangovers  
\_\_\_ Arrests \_\_\_ Relationship Problems \_\_\_ Family Problems \_\_\_ Blackouts \_\_\_ Passing out  
\_\_\_ Arguments over my use \_\_\_ Can't stop using \_\_\_ Violent when using

SELF-PERCEPTION OF USAGE: Describe how you see your drug use:  
\_\_\_ None \_\_\_ Occasional/Social \_\_\_ Problem Use \_\_\_ Psychological Dependence  
\_\_\_ Don't want to stop \_\_\_ Addicted/Can't stop \_\_\_ Want to stop

Describe your relationship with your CURRENT partner or spouse: Include level of intimacy, communication, problem-solving and conflict resolution. Identify any problems in this relationship and stressors you may be experiencing in this relationship. (Use BACK IF NEEDED)

Describe any past unresolved or current problems/issues during your adult life with your family (parents/siblings) or in-laws: \_\_\_\_\_

EMPLOYMENT:

<input type="checkbox"/> Currently Employed Current Employer _____ Position _____ Yrs. Employed _____ <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time Average # Hrs. worked per week: _____ Conflicts with co-workers Yes No Conflicts with supervisor Yes No	<input type="checkbox"/> Currently Unemployed Last Employer _____ Position _____ Length of unemployment _____ Months _____ Years <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time Average # Hrs. worked per week _____ Reason for Leaving _____
--	--

INCOME:

SOURCE	AMOUNT

**EDUCATION:**

Highest grade level completed: \_\_\_\_\_ Currently attending school: YES NO  
 School Currently Attending \_\_\_\_\_ Curriculum \_\_\_\_\_  
 Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_  
 Academic Functioning: [ ] Above Average [ ] Average [ ] Below Average GPA: \_\_\_\_\_

**LEGAL:**

Do you have any criminal charges pending? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
 Are you involved in any civil litigation? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
 Are you on probation/parole? \_\_\_\_\_ Length of probation: \_\_\_\_\_  
 How much time have you served on your probation: \_\_\_\_\_  
 Is your probation unsupervised or supervised? \_\_\_\_\_  
 If supervised, identify probation/parole officer: \_\_\_\_\_  
 Are you seeking counseling as a condition of probation, parole or a legal diversion program?

**SOCIAL ACTIVITIES/INTERPERSONAL SKILLS:**

What do you do in your leisure time to relax and have fun (hobbies, sports, etc) and how often: \_\_\_\_\_  
 Has there been a change in your level of involvement in these activities? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
 Do you spend more time in solitary or social leisure activities? \_\_\_\_\_  
 What types of things do you do with friends and how often? \_\_\_\_\_

Describe yourself socially: Shy Withdrawn Outgoing Follower Leader

How many close friends do you have? \_\_\_\_\_ Who do you go to for support? \_\_\_\_\_

Do you have difficulty making or keeping friends? \_\_\_\_\_ If yes, describe difficulties: \_\_\_\_\_

**FAMILY PSYCHIATRIC HISTORY OF EMOTIONAL/MENTAL PROBLEMS-Include attempted & completed suicides:**

RELATIONSHIP TO YOU	PROBLEM(S)	TREATED (YES/NO)	CURRENT CONDITION

**FAMILY HISTORY OF INCARCERATION, VIOLENT DEATH, SEXUAL ABUSE PHYSICAL ABUSE:**

RELATIONSHIP TO YOU	PROBLEM(S)	TREATED (YES/NO)	CURRENT CONDITION/OUTCOME

Is there extended family in the area? YES NO

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

SEXUALITY

At what age did you first consent to sex? \_\_\_\_\_

Are you experiencing or have you experienced problems related to sexual identity? YES NO

If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

CLIENT STRENGTHS AND WEAKNESSES:

Describe your strengths: \_\_\_\_\_

Describe your weaknesses: \_\_\_\_\_  
\_\_\_\_\_

CLIENT TREATMENT GOALS:

Reviewing the information you provided in this questionnaire and the SYMPTOM CHECKLIST, list the goals or outcomes you would like to accomplish in counseling. How would you like YOUR experience to be different, keeping in mind that *you cannot change anyone else.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CLIENT SIGNATURE  
(or signature of legal guardian if client is a minor)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INTERVIEWER

\_\_\_\_\_  
DATE

ST. LANDRY –EVANGELINE SEXUAL ASSAULT CENTER  
THERAPY AGREEMENT

- 1) The St. Landry-Evangeline Sexual Assault Center (SLESAC) offers individual and group counseling to all victims of sexual abuse and/or assault, and their care takers or significant others free of charge.
- 2) We serve people five (5) years old or older, all genders, ethnic and religious backgrounds.
- 3) You may receive up to eight individual therapy sessions. Any missed sessions may count towards the maximum eight sessions.
- 4) Please contact SLESAC within 24 hours if it is necessary that you reschedule/cancel a session.
- 5) Your appointments will usually be on the same day and time weekly.
- 6) If you miss an appointment for any reason you should contact SLESAC within 48 hours to reschedule the session. Otherwise, you may lose the usual preset weekly appointment date and time and have to wait until your therapist has an opening.
- 7) Please consider your relationship with your therapist as strictly professional and minimize your contact with her/him to your scheduled sessions.
- 8) If you are in a crisis, we offer a 24 hour crisis line. Dial 585-HOPE (4673) or 1-800-656-4673.
- 9) If you find it difficult to continue therapy at this time for any reason, please discuss this with your therapist to make other arrangements.
- 10) Young children can not be left alone in the waiting room. Please provide adequate and appropriate supervision.
- 11) All SLESAC staff are legally required to report cases of child and elder abuse/neglect not previously reported to authorities.
- 12) Cases where danger to self or others becomes evident, SLESAC staff must disclose such risk.
- 13) The center does not involve itself with civil matters or child custody court cases. Information is kept confidential Also; the center does not have sufficient staff to avail services regarding civil disputes.
- 14) A grievance policy is available upon request

Signed:

\_\_\_\_\_  
Client /Legal Guardian

\_\_\_\_\_  
Therapist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

St. Landry-Evangeline Sexual Assault Center  
Informed Consent for Treatment

**I. Consent for treatment**

I hereby authorize a professional representative of the St. Landry-Evangeline Sexual Assault Center to provide treatment of myself or my minor child \_\_\_\_\_.

**II. Confidentiality:**

As a client of the St. Landry-Evangeline Sexual Assault Center, any information you provide during the course of therapy here is privileged and confidential. Your case information cannot be released without your written permission or that of your custodial guardian. However, there are exceptional cases where the Center is legally required to release information with or without your consent. These exceptions include:

- a) Information is obtained about suspected child abuse or neglect.
- b) Information is obtained about suspected elder abuse or neglect.
- c) In the event that you become suicidal or homicidal and your therapist or another staff member deems it necessary to involve/notify other people or agencies.
- d) If your case information is subpoenaed and a judge orders your therapist testify.
- e) In some cases, your therapist may discuss your case with other professional staff members of the Center for supervision purposes. All staff of the Center are legally required to maintain your right to confidentiality.

**III. Risks and Goals involved in treatment:**

The goal of treatment through the St. Landry-Evangeline Sexual Assault Center is for the client to process traumatic events and related/effected aspects of self and/or enhance coping skills related to a history of sexual assault. The Center hopes to assist the client reach a more satisfactory level of functioning.

A risk of treatment is that frequently clients may experience more emotional turmoil when beginning treatment because of the painful/traumatic issues that may arise. There are no guaranteed outcomes of the services provided.

**IV. In the event of crisis/emergencies:**

As part of our services, the Center provides a 24 hour Crisis line. Support staff are available at (337) 585-HOPE (4673) or 1-800-656-4673.

I have read and fully understand the information on this form. I authorize the St. Landry-Evangeline Sexual Assault Center to provide treatment to me or my minor child:

\_\_\_\_\_

Client or Legal Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

### J. CONTINUATION

Yes  No

Do you plan to continue this project at the conclusion of federal support?

Since continued VOCA funding is limited and not assured, alternate funding sources should be sought. Name the sources and potential sources of continued funding for this project at the conclusion of Federal support.

Slesac is constantly seeking other funding from organizations and applying for grants.

### K. RESOURCES

Describe the facilities and additional resources available to this project. Include the physical facility where services are provided. If applicable, list other resources available to this project, i.e. equipment, supplies, staff, etc.

The Slesac Center is located at Opelousas General with an in-kind contribution totaling \$7500. The facility is in walking distance from the office to the Emergency Room and other medical providers including physicians specializing in Pediatric Care. Our office consist of a waiting room, storage room, 2-bathrooms and three offices free of charge. We have a staff of three (3) and right now we do not pay for utilities and computer support.

### L. AUDIT REQUIREMENTS

All applications must check one:

This organization/agency expends \$500,000 or more in federal funds (during the fiscal year of the organization/agency from any and all sources including the amount of this application) **AND MUST SUBMIT THE FOLLOWING INFORMATION:**

1. Date of last audit
2. Dates covered by last audit:
3. Date of next audit:
4. Dates to be covered by next audit:
5. Date next audit will be forwarded to LCLE:

This organization/agency expends less than \$500,000 in federal funds from all sources during the fiscal year of the organization/agency.

### M. VOLUNTEERS

Yes  No

Are you using volunteers as match?

If yes, describe the duties and functions performed by the volunteers. Indicate the number of volunteer hours per duty-function for this application (this can be an estimate). Volunteers' duties must directly relate to the focus of this project and information stated in Section 100 Personnel.

Yes  No

Are volunteers screened in compliance with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate?

Our volunteers are used as medical advocates responding to the emergency rooms as a result of sexual trauma. The volunteers also assist on the Crisis hot-line, and participates in presentations.

## N. REQUIRED COMPONENTS

1. Subgrantees are required to help victims apply for victim compensation. Describe a specific plan on how applicant has or will interface with the Louisiana Crime Victims Reparations Program.

The Executive Director is a prior crime victims reparations co-ordinator for the St.Landry Parish Sheriffs' Office and knows the protocol. The therapist including the Director ask the victim if any services are needed to assist them and assist with filling out the forms.

2. Describe how applicant has/will coordinate activities with other criminal justice system/private service providers in the community. If you have obtained cooperative agreements, a copy may be attached to the application in addition to the brief description.

The Executive Director is very active with partnering with other agencies such as Faith House, Catholic Services, United Way, LaFasa, Social Services, Boys & Girls Club and other Community Youth agencies. The Director is the Chairman of the local Council on Aging Program and offers presentations to the elderly. One of the Board Members is the Executive Director over the New Life Center for Abused Women and Childen and is very active at the center.

3. Indicate how the applicant will address the issue of encouraging the victims to report to law enforcement. Policies and procedures may be attached to the application in addition to the brief description.

The Slesac Center during the assestment will ask the client if law enforcement was called. If not the center will encourage them to do so but will not refuse services to them.

4. State that the applicant will comply with the Louisiana Child Protection Act (LRS 15:587.1) as appropriate. The Louisiana Child Protection Act refers to screening prospective employees, **NOT** reporting instances of child abuse.

The Slesac Center will comply with all Louisiana Child Protection Act Regulations in references to screening prospective employees and reporting all child abuse cases to the proper authorities.