

LOUISIANA COMMISSION ON LAW ENFORCEMENT  
AND ADMINISTRATION OF CRIMINAL JUSTICE

APPLICATION AND REVIEW  
SUMMARY

APPLICATION NUMBER: C10-4-012

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: 11/01/2010

END DATE: 10/31/2011

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.

RECOMMENDATION : FUND X DENY    

SPECIAL CONDITIONS :

1. NO RELEASE OF 10% TOTAL FEDERAL FUNDS BY LCLE UNTIL MONITORING REVIEW IS RECEIVED BY LCLE.
2. SUBGRANTEE AGREES TO MAINTAIN ITS NONPROFIT STATUS IN "GOOD STANDING" WITH THE LOUISIANA SECRETARY OF STATE'S COMMERCIAL DIVISION FOR THE DURATION OF THE SUBGRANT PERIOD.
3. NO DRAWDOWN OF FUNDS (AWARD) UNTIL APPLICATION IS REVIEWED AND APPROVED BY LCLE STAFF.
4. NO RELEASE OF FUNDS BY LCLE UNTIL PRIOR PROJECT C09-4-008 IS FINALIZED.
5. ALL TRAVEL EXPENDITURES MUST BE IN ACCORDANCE WITH STATE TRAVEL REGULATIONS.



**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: C10-4-012 CVA Purpose Area: 1

**1. TITLE OF PROJECT**

Victim Assistance Program

2.  NEW PROJECT

CONTINUATION PROJECT OF: C09-4-008

**3. PROJECT DURATION**

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

Desired Start Date: 11/1/2010

Desired End Date: 10/31/2011

**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

Physical Address: 611 E. Prudhomme Street

City: Opelousas,La. Zip: 70570-0000

Mailing Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-0000

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

Email:

**5B. AUTHORIZED OFFICIAL OF APPLICANT AGENCY**

Authorized Official: Laura Balthazar

Title: Executive Director

Agency Name: St. Landry - Evangeline Sexual Assault Cente

Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-0000

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

Email:

Fed Employer Tax Id: 72 - 1458509

DUNS: 1245845 - 87

CCR CAGE/NCAGE: 5F2B7

CCR Expiration Date: 5/3/2011

**6. IMPLEMENTING AGENCY**

Name: Laura Balthazar

Title: Executive Director

Agency: St.Landry - Evangeline Sexual

Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-0000

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

Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-0000

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

Address: 539 E. Prudhomme Street

City: Opelousas, La. Zip: 70570-0000

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 to continue this project would sustain current staff (Director & Office Manager)

CVA - 1

**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: Rural Communities	

**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:**

Are all budgeted items allowable per Program Guidelines?	YES: <input checked="" type="checkbox"/>	NO: <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
SECTION 100. PERSONNEL	\$33,067	\$0	\$10,931	\$43,998
SECTION 200. FRINGE BENEFITS	\$3,223	\$0	N/A	\$3,223
SECTION 300. TRAVEL	\$1,511	\$0	\$0	\$1,511
SECTION 400. EQUIPMENT	\$0	\$0	\$0	\$0
SECTION 500. SUPPLIES	\$2,893	\$0	\$0	\$2,893
SECTION 600. CONTRACTUAL	\$0	\$0	N/A	\$0
SECTION 700. RENOVATION COSTS	\$0	\$0	\$0	\$0
SECTION 800. OTHER DIRECT COSTS	\$3,028	\$0	\$0	\$3,028
<b>TOTAL:</b>	<b>\$43,722</b>	<b>\$0</b>	<b>\$10,931</b>	<b>\$54,653</b>

**Provide Source of Cash Match:**

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

CVA - 2

**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	\$2,400.00	62.50%	12.00	\$18,000.00	<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:						\$33,067.44	F = Fed Funds	C = Cash Match

**PART-TIME OR OVERTIME EMPLOYEES:**

POSITION TITLE	EMPLOYEE NAME	FT	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
								\$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"/>
								\$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:								\$0.00	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
			\$0.00
			\$0.00
SUBTOTAL AMOUNT OF VOLUNTEERS IN-KIND SALARIES:			\$0.00

SECTION 100. PERSONNEL SUMMARY	
FEDERAL FUNDS	\$33,067
CASH MATCH	\$0
IN-KIND MATCH	\$10,931
PERSONNEL TOTAL	\$43,998

**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 as needed, prevention education, 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.

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

The Executive Director (Laura Balthazar)- Only 10% of this grant's budget will be allocated for her to fulfill the required administrative functions. The remaining 10% reflect her time supervising the direct service providers. The balance of her salary will be incurred through other funding sources. The director's salary is \$32,000, it 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)- 100% of this part-time 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.

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 referrals, conduct initial assessments, answer crisis line in an on-call capacity, and supervise the co-ordination of the center's volunteers, and community education programs.

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.

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.

All duties will remain the same for both 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		\$18,000	\$1,116	6.	.062			\$0
3.	.062			\$0	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		\$18,000	\$261	6.	.0145			\$0
3.	.0145			\$0	7.	.0145			\$0
4.	.0145			\$0	8.	.0145			\$0
HEALTHLIFE INSURANCE	RATE	MONTHS	TIME DEVOTED TO PROJECT	TOTAL	HEALTHLIFE INSURANCE	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		\$18,000	\$378	6.				\$0
3.				\$0	7.				\$0
4.				\$0	8.				\$0
UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL	UNEMPLOYMENT TAX	RATE	TYPE	SALARY	TOTAL
1.		CHECK		\$0	5.		CHECK		\$0
2.		TYPE:		\$0	6.		TYPE:		\$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):				\$3,223	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): \$3,223**

SECTION 200. FRINGE BENEFITS SUMMARY	
FEDERAL FUNDS	\$3,223
CASH MATCH	
TOTAL FRINGE BENEFITS	\$3,223

**SECTION 300. TRAVEL**

Itemize travel expenses of project personnel. Mileage is unallowable in agency owned vehicles. Charges are not to exceed established agency travel rates, but in no case can this exceed current Louisiana Travel Guideline rates. Only 50% of out-of-state travel reimbursement and requires prior approval from LCLE.

LOCAL TRAVEL: NAME/POSITION TITLE/PURPOSE OF TRAVEL	MILEAGE RATE	TOTAL MILES	TOTAL COST	PAID WITH										
				F	C	IK								
NAME: Laura Balthazar TITLE: Executive Director PURPOSE: Oversee presentations in both parishes, networking and train	\$0.48	3,148.00	\$1,511.04	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
NAME: TITLE: PURPOSE:			\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
SUBTOTAL FOR LOCAL TRAVEL:			\$1,511.04											
NON-LOCAL IN-STATE/OUT-OF-STATE TRAVEL (OUT-OF-STATE TRAVEL REQUIRES PRIOR APPROVAL FROM LCLE)		TRAVEL DESTINATION	TRAVEL DATES:		PAID WITH									
NAME/POSITION TITLE/PURPOSE OF TRAVEL			FROM	TO	F	C	IK							
NAME: TITLE: PURPOSE:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME: TITLE: PURPOSE:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
NAME: TITLE: PURPOSE:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
CONTINUED FROM ABOVE TABLE		MILEAGE RATE	TOTAL MILES	MILES COST	NO. OF DAYS	NO. OF MEALS	MEAL COSTS	AIRFARE COSTS	LODGING COSTS (Include Tax)	OTHER TRAVEL COSTS	TOTAL COSTS	PAID WITH		
NAME:				\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:				\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NAME:				\$0.00							\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUBTOTAL FOR NON LOCAL IN-STATE AND OUT-OF-STATE TRAVEL COST:											\$0.00			

SECTION 300. TRAVEL SUMMARY	
FEDERAL FUNDS	\$1,511
CASH MATCH	
IN-KIND MATCH	
TRAVEL TOTAL	\$1,511



**SECTION 800. OTHER DIRECT COSTS**

Itemize each type: e.g., audit, rent (show square footage and cost per square foot), phone charges, utilities, printing, duplicating, registration fees for conferences/workshops, etc. Prorate telephone and utility bills. Show method of determining cost. Please refer to application instructions for direction.

TYPE OF OTHER DIRECT COST	METHOD OF DETERMINING COST	QUANTITY	UNIT PRICE	TOTAL COST	PAID WITH		
					F	C	IK
Payroll Processing Fees	Percentage of monthly salaries	12.00	\$54.00	\$648.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone Crisis Hotline	Average cost per month x 12 months	12.00	\$100.00	\$1,200.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demetria Carter, CPA	Percentage of Standard Fee Charged	1.00	\$180.00	\$180.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Management	Cost is determined by amt. ordered	40.00	\$25.00	\$1,000.00	<input checked="" 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 OTHER DIRECT COSTS:				\$3,028.00			

F = Federal Funds  
C = Cash Match  
IK = In-Kind Match

**BRIEFLY EXPLAIN:**  
A) Need for each type listed; and

B) Its relationship to project.

SECTION 800. OTHER DIRECT COSTS SUMMARY	
FEDERAL FUNDS	\$3,028
CASH MATCH	
IN-KIND MATCH	
<b>OTHER DIRECT COSTS TOTAL</b>	<b>\$3,028</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 eight parishes located within the Lafayette Region served solely by the Sexual Abuse Response Center. Due to SLESAC's presence, residents of 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. According to the U.S. Census in 2009 Evangeline Parish had a population of 35, 330, and St. Landry Parish had a population of 92,326.

In June of 1999, SLESAC began its operation and has provided counseling to 1,053 primary victims as of 12/31/2009. These numbers translate into SLESAC's clientele averaging 73% adult female survivors and/ or child molestation cases and 27% new rape incidents. The SLESAC center responded to 21 new rape cases through its volunteer medical escort services in 2009 an increase of 1.4%. According to U.S. Department of Justice 2008 Crime Statistics there were 1,232 rapes reported by local law enforcement in the State of Louisiana. According to the same report, there were 89,000 est. in the United States the lowest figure in the last 20 years which also decreased by 1.6% from 2007. The estimated volume of rapes in 2008 was 6.4% lower than in 2004.

Nevertheless, the number SLESAC 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 2009, SLESAC collectively through all its programs served 4392 individuals. The underserved populations in rural communities continue to come forth to end generations of incestuous family patterns. 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.

The 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 recognized the need that all of the agencies that deal with sexual abuse, domestic violence, and emergency housing for females should be under the same roof to better assist the victims.

### 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 & Evangeline Parishes.
2. Slesac will continue to provide immediate assistance in emergency rooms to rape victims and the 24-hour rape 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 and Evangeline Parishes.
- 1 (b). Assist 50 survivors of past rape, incest, or abuse in the resolution of issues relating to their 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 areas.

### 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 (1a). 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 of 2010 through October 2011.
- (1b) Avail therapist in an on-call basis to initiate referrals to agency and facilitate continuum of care process through grant period of November 1, 2010 through October 31, 2011.
  - (1c) The therapist will document and maintain records of services provided to victims through grant period of November 1, 2010 through October 31, 2011.
- Goal 2-OBJECTIVE (2a) Provide trained volunteer advocates to assist in the Emergency Room as needed for immediate response through grant period of November 1, 2010 through October 31, 2011.
- (2b) Retain an office manager to co-ordinate volunteer services, provide follow-up to victims needing referral to center, to maintain case records on victims receiving services, and to monitor the 24 crisis hot-line through grant period of November 1, 2010 through October 31, 2011.

### E. DEMOGRAPHICS

1. This project serves the following Congressional District(s)  
 1  2  3  4  5  6  7  All (Statewide Project)

2. Type of Organizations:

Applicant Agency:  Law Enforcement  Prosecution  Court  Non-Profit Organization  Tribal Government

Check the one answer that best describes the organization receiving VOCA Formula Grant Program funds.

- |   |   |
|---|---|
| <input type="checkbox"/> Community-Based Organization                                       | <input type="checkbox"/> Prosecution  |
| <input type="checkbox"/> Court  | <input checked="" type="checkbox"/> Sexual Assault Program                      |
| <input type="checkbox"/> Domestic Violence Program  | <input type="checkbox"/> Sexual Assault State Coalition                         |
| <input type="checkbox"/> Domestic Violence State Coalition                                  | <input type="checkbox"/> Tribal Coalition                                       |
| <input type="checkbox"/> Dual Program (Sexual Assault and Domestic Violence)                | <input type="checkbox"/> Tribal Government                                      |
| <input type="checkbox"/> Dual State Coalition (Sexual Assault and Domestic Violence)        | <input type="checkbox"/> Tribal Sexual Assault and/or Domestic Violence Program |
| <input type="checkbox"/> Government Agency (Department of Human Services, Bureau of Health) | <input type="checkbox"/> Unit of Local Government                               |
| <input type="checkbox"/> Law Enforcement  | <input type="checkbox"/> University/School                                      |
| <input type="checkbox"/> Probation, Parole, or Other Correctional Agency                    | <input type="checkbox"/> Other (Specify):                                       |

Yes  No Is this a faith-based organization?

Yes  No Is this a culturally specific community-based organization?

### F. LOUISIANA AUTOMATED VICTIM NOTIFICATION SYSTEM (LAVNS)

1. Name of the individual responsible for assisting victims in regard to accessing and using the LAVNS system:

NAME: Laura Balthazar PHONE: (337) 585-4673 EMAIL: slesac@yahoo.com

Yes  No 2. Does this individual also serve as agency's point of contact for LAVNS? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

Yes  No 3. Has this individual attended trainings provided by LCLE to learn how victims are served by LAVNS? If no, agency will request LAVNS training from LCLE within 30 days of award. NOTE: More information regarding the LAVNS program, including training information, can be found at: <http://lcle.la.gov/programs/lavns.asp>.

Yes  No 4. Does the agency have posters displayed for promoting LAVNS and brochures readily available to victims? If no, please go to the LCLE website to request free LAVNS materials at: [www.lcle.la.gov/lavns](http://www.lcle.la.gov/lavns).

### G. CRIME VICTIMS REPARATIONS (CVR)

Yes  No 1. Is same individual responsible for assisting victims in regard to services available through the CVR program? If not, please provide name and contact information:

NAME: PHONE: ( ) - EMAIL:

Yes  No 2. Does the agency know who the Crime Victims Reparations (CVR) Claims Investigator is at the Parish Sheriff's Office?

Yes  No 3. Does the agency have posters displayed for promoting CVR and brochures readily available to victims? If no, please fax a written request (contact person, agency name, mailing address) for free CVR posters and brochures to 225-925-6159. NOTE: More information regarding the CVR program, including applications and other forms, can be found at: <http://lcle.la.gov/programs/cvr.asp>

### 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.)

The Slesac Center's program activities included two (2) main events to promote sexual abuse awareness and domestic abuse, these projects were called "Take Back the Night" which were held in St. Landry Parish and Evangeline Parish with approximately 450 individuals in attendance. The programs were also assisted by volunteers who accompanied the participants in the march and vigil, they also handed out pamphlets and literature which dealt with the theme of the march. The Slesac Center's therapist also saw 41 adults individual counseling and 104 child individual counseling, Adult therapy 11 and child therapy 52 individuals. The Crisis hot-line calls consisted of 73 individuals and there were 49 Crisis hot-line counseling sessions. The Slesac Center also did 33 training sessions for adults "Child Sexual Abuse-How to See It/How to Stop It" totaling 212 individuals. 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 more. The Slesac Center was able to collaborate with other agencies, and did not deny anyone the services we provide and was still able to go out in the community and do prevention education to students.

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 RESULTS**

**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 will be collected every quarter.

3. Who will collect and analyze the data?

The data will be analyzed 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?

Following the evaluation, the Executive Director and the Executive Board Members if needed will update or revise the project's strategy.

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.

The project's results, which include monthly and quarterly reports will be given to the Louisiana Commission on Law Enforcement, the Board of Directors, and to Local Law Enforcement upon request.

**Victim Services- Statistical Data Sheet**

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

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

C/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                   | _____ | Race: _____  |
| 3. Victim DUI/DWI                                 | _____ | Sex: _____   |
| 4. Victim of Domestic Violence                    | _____ | Age: _____   |
| 5. Adult Victim of Sexual Assault                 | _____ | Disabled: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Elder Abuse                                    | _____ | Nature: _____  |
| 7. Adult Molested as Child                        | _____ |  |
| 8. Survivors of Homicide Victim                   | _____ |  |
| 9. Robbery  | _____ |  |
| 10. Aggravated Assault                            | _____ |  |
| 11. _____   | _____ | Offense: _____   |
| 12. _____   | _____ |  |
| 13. _____   | _____ |  |
| 14. Other Victim of Crime<br>(Specify in 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 \_\_\_\_\_  
©1997-2001 David Eakin, Temple Texas



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: \_\_\_\_\_  
*AS ACCURATE AS POSSIBLE - GIVE INFORMATION OF THE FOLLOWING ON SUSPECT:*  
 EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_  
 WEIGHT \_\_\_\_\_ CLOTHING \_\_\_\_\_

ST. LANDRY-EVANGELINE SEXUAL ASSAULT CENTER  
 MONTHLY STATISTICS

PERIOD COVERED:

St. Landry Parish	# of Services Provided	# of Clients Served	Breakdown of number served			Race
			Male	Female	Children	
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			Race
			Male	Female	Children	
Intake						
Individual counseling						
Group counseling						
Medical escort						
Court escort						
Crisis line calls						
Education						
Information/referral						
Training						

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

**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?  
\_\_\_\_\_  
\_\_\_\_\_

What is the primary concern of the victim.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENT OF CRISIS REACTION**

Describe victim's mental status: \_\_\_\_\_  
\_\_\_\_\_

Does the victim have close friends and family who will be supportive at this time?  
YES      NO

Does the victim have a counselor/therapist?  
YES      NO

Is there need for supportive counseling for family or friends?  
YES      NO

If yes, please state which family member: \_\_\_\_\_

**SEQUENCE OF EVENTS**

Describe in detail the sequence of events beginning with the first contact to initial contact with the Sexual Abuse Response Center. (Include scenario, description, or any other information not listed above.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

St. Landry-Evangeline Sexual Assault Center  
(SLESAC)

Referral Form

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

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.

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

Revised March 2, 2004

- Have you had other problems you WERE NOT TREATED FOR in the following areas?
- Panic Attacks
  - Phobias
  - Behavior Problems
  - Depression
  - Setting fires
  - Illegal behavior
  - Cruelty to animals
  - Alcohol abuse/dependence (circle)
  - Drug abuse/dependence (circle)
  - Impulsive behavior
  - Aggressive behavior towards persons
  - Destruction of property
  - Suicidal thoughts/attempts (circle)
  - 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:

**MEDICAL HISTORY:**

Primary Care/Family physician: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

MEDICAL PROBLEM	MEDICATIONS	TREATING PHYSICIAN

AJOR 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 \_\_\_\_\_

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

	FREQUENCY OF USE			Amount Used/Episode	DURATION OF USE		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:**

Currently Employed	Currently Unemployed
Current Employer _____	Last Employer _____
Position _____	Position _____
hrs. Employed _____	Length of unemployment _____ Months _____ Years
Part-Time _____ Full-Time _____	Part-Time _____ Full-Time _____
Average # Hrs. worked per week: _____	Average # Hrs. worked per week _____
Conflicts with co-workers Yes No _____	Reason for Leaving _____
Conflicts with supervisor Yes No _____	
INCOME: _____	
COURSE _____	

	AMOUNT

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

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

**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.

We will try to get local funding, and continue to apply 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 the Opelousas General Health Systems buildings which is located on Prudhomme Street. The facility is in walking area from the Emergency Room and other medical providers including physicians specializing in Pediatric Care and Obstetrics. Our office consist of a waiting area, storage room, 2 bathrooms, and three offices, we have a staff of three (3) and right now we have the support of the hospital in that we do not pay for rent nor utilities and their computer maintenance department. In Evangeline Parish we have the use of the Conference Room at the Health Unit there as needed by our outreach services.

**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 Room as a result of sexual trauma. The volunteers also assist with the Crisis hot-line and other events and presentations by the center.

**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 Victim's Reparation Co-ordinator for the sheriffs' office and knows the protocol. The therapist including the Executive Director ask the victim if any services are needed and if such, assist the victim.

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, Community Youth Services, Council on Aging, School Boaqrd, New Life Shelter for Homeless Women and Children, and other faith-based agencies in both St. Landry and Evangeline Parishes. The Director meets monthly with the Agencies through a Social Service Network and coordinate with others on activities.

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 out at the time of the incident. If not the center will encourage them to do so but will not refuse services to them if they prefer not to.

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 reference to screening prospective employees and reporting all child abuse cases to the proper authorities.

## MEMORANDUM OF UNDERSTANDING

The St.Landry-Evangeline Sexual Assault Center and the New Life Center of Opelousas are collaborative partners and have worked together since the inception of the program to pool resources and to provide oversight to ensure the safety of victims of sexual assault, domestic violence and other acts of violence. The partnering organizations' ultimate goal is the protection of domestic violence victims and their children.

The St.Landry-Evangeline Sexual Assault Center is a non-profit organization; therefore, individual counseling is free of charge. Our mission is to provide comprehensive short-term sexual trauma treatment services to the survivors of sexual assault and violent crimes and their families. The St.Landry-Evangeline Sexual Assault Center offers escort services to the emergency room, legal advocacy for the client, and community education/awareness on sexual victimization. Confidentiality is strictly enforced. Reporting the crime to law enforcement is not pre-requisite for victims 18 and above.

### **Development of Application:**

The SLESAC Board of Directors meet quarterly and most partners participate regularly on the Advisory Committee. Participants of the Board and Advisory Committee have had direct input on the development of this application through recommendations on how services can best be provided and standards best be upheld. They have been consulted on the direction that needs to be taken, the best way to achieve our goals, resource development and sustainability for the program. Consultation between the partners identified below has led to the agreement reflected in this Memorandum.

### **Roles and Responsibilities:**

#### **THE NEW LIFE CENTER**

New Life Center provides emergency shelter, transitional housing and supportive services. All residents participate in case management where they are assisted with applying for mainstream benefits, entering school, obtaining employment and permanent housing. Residents also attend life skill sessions, job counseling and are referred to outside agencies for additional counseling. A chemical dependency program is also available for those women recovering from alcohol or drug addiction.

The New Life Center's ~~Executive~~ Director will have a seat on the Board of Directors of The St.Landry-Evangeline Sexual Assault Center. The residents of the New Life Center will participate in the annual "Take Back the Night" March and Vigil held in October for Domestic Violence and Prevention Month sponsored by SLESAC.

The New Life Center will refer victims of sexual assault to the SLESAC Center at no cost to the victims or the Shelter. There are twelve sessions provided to each victim with an in-kind amount of \$900.00. According to past documentation the New Life Center refers an average of 13 women per year with an annual in-kind amount of \$11,700.

#### **THE ST. LANDRY-EVANGELINE SEXUAL ASSAULT CENTER**

The St.Landry-Evangeline Sexual Assault Center (SLESAC) will provide counseling to the residents of the New Life Center as a result of being victimized by sexual attack or any other violent crime. The St.Landry-Evangeline Sexual Assault Center will provide in-service training to staff and volunteers to better prepare them for intervention. The St.Landry-Evangeline Sexual Assault Center will also assist victims by researching Protective Orders, Sex-Offenders, Crime Reparations Funding and incarcerated persons through LAVNS.

Memorandum of Understanding

Lafayette City-Parish Consolidated Government is the lead Safe Havens: Supervised Visitation and Safe Exchange Grant Program applicant, and supports AVEC Les Enfants under the umbrella of The Extra Mile, Region IV, Inc., the local supervised visitation and exchange center. Lafayette City-Parish Consolidated Government enters into a Memorandum of Understanding (MOU) with Faith House, the Lafayette Parish Sheriff's Office, the 15<sup>th</sup> Judicial District Court, Acadiana Legal Service Corporation, St. Landry/Evangeline Sexual Assault Center, the Office of Community Service, Family Violence Intervention Program and The Extra Mile, Region IV, Inc., the parent agency of AVEC Les Enfants.

**TIME LINE:**

The roles and responsibilities described above are contingent on The St. Landry-Evangeline Sexual Assault Center receiving funds for this project from the Louisiana Foundation Against Sexual Assault, Violence Against Women Act, and Violence of Crime Assistance Act.

**Approval**

We the undersigned have read and agree with this MOU.

BY: Laura Balthazar  
Laura Balthazar, Director

BY: Michelle Hinman  
Michelle Hinman, Director

DATE: 09/23/09

DATE: 10-2-09

**I. History of Relationship**

Lafayette City-Parish Consolidated government began collaborating with a steering committee that was initially convened by The Extra Mile, Region IV, Inc. to discuss establishing a visitation and exchange center in Acadiana. Community partners included Faith House, The St. Landry/Evangeline Sexual Assault Center, Domestic Violence Intervention Program (now named the Family Violence Intervention Program) the Lafayette Sheriff's Office, 15<sup>th</sup> Judicial District Family Court, Support Enforcement and other interested people from the community. The group began meeting in 1999 and continued to meet for three years, discussing the provision of visitation services to victims of domestic violence. During that time, the partners researched other visitation and exchange programs active in the country, selected a model, developed policies and procedures, helped set standards for Louisiana and secured funding. In December 2002 the partners took the next step by opening AVEC Les Enfants and began offering safe visitation and exchange services to families in the Acadiana area. Since the beginning, Faith House has been an active partner with the program. They have provided training for AVEC Les Enfants staff and volunteers in the following areas: recognizing the signs of domestic violence; methods and strategies for working with victims of domestic violence and strategies for keeping women and children safe when visitation is occurring. The Director for Faith House is an active member of the AVEC Les Enfants Advisory Committee. She helps to ensure that issues of domestic violence and victim safety are kept at the forefront of program development and implementation and helps us to build a larger collaboration focused on supporting domestic violence response and supervised visitation.

The partnering organizations' ultimate goal is the protection of domestic violence victims and their children in all settings. As a result, the partners are committed to maintaining and supporting an expanded collaboration that includes the Office of Community Services, the Lafayette Parish Sheriff's Office, 15<sup>th</sup> Judicial District Family Court, Acadiana Legal Service Corporation, families affected by domestic violence and community groups.

**II. Development of Application**

The collaborative partners have worked together since the inception of the program to pool resources and to provide oversight designed to ensure the safety and well being of families utilizing the Visitation and Exchange Center. The AVEC Les Enfants Advisory Committee meets monthly and most partners participate regularly on the Advisory Committee. Participants

The Extra Mile and AVEC Les Enfants will maintain the confidentiality of individuals and families using Avec Les Enfants' services.

#### **The 15<sup>th</sup> Judicial District Family Court**

The 15<sup>th</sup> Judicial District Family Court will submit referrals and relevant case information to AVEC Les Enfants and follow up on the outcome of the referrals.

Training for partners on the legal system and its role in working with victims of domestic violence, child abuse, and sexual assault and stalking will be provided. This training will be in-kind.

The 15<sup>th</sup> Judicial District Family Court will continue to designate a representative to serve on the Advisory Committee.

#### **The Lafayette Parish Sheriff's Office**

The Lafayette Parish Sheriff's Office will continue to provide space for the Visitation and Exchange Center.

The Lafayette Parish Sheriff's Office will continue to provide a minimum of two (2) Deputies who have received training in domestic violence to provide security for Avec Les Enfants.

The Lafayette Parish Sheriff's Office will continue to designate a representative to serve on the Advisory Committee.

The Lafayette Parish Sheriff's Office will assist with victims' services through their established Victims Services program.

#### **The Office of Community Services**

The Office of Community Services (OCS) will continue to provide training up to three (3) times per year on child abuse/neglect, mandated reporting and other topics pertaining to child safety. Training will be in-kind.

OCS will refer families to AVEC Les Enfants if in the best interest of the child.

OCS will continue to designate a representative to serve on the Advisory Committee.

#### **The Acadiana Legal Service Corporation**

The Acadiana Legal Service Corporation (ALSC) will refer clients to AVEC Les Enfants when domestic violence is present and supervised visitation ordered.

ALSC will provide training up to three (3) times per year on the legal issues surrounding domestic violence.

of the Advisory Committee have had direct input on the development of this application through their recommendations on how services can best be provided and standards best be upheld. They have been consulted on the direction that needs to be taken, the best way to achieve our goals, resource development and sustainability for the program. Those partners who do not participate regularly on the Advisory Council were included in the development of this application through consultation on the needs of those they serve and on the resources they have available to help meet the safety needs of women and children during visitation. Consultation between the partners identified below has led to the agreement reflected in these Memorandum and the submission of the 2010 OVW Safe Havens: Supervised Visitation and Safe Exchange Grant Program application and proposed budget.

#### **Roles and Responsibilities**

##### **Faith House**

Faith House is a community domestic violence program and battered women's' shelter. The Executive Director of Faith House will work closely with the representative from the Lafayette City-Parish Consolidated Government (LCG), the Project Director of AVEC Les Enfants and the Advisory Committee to develop and maintain cross-agency collaboration among the Office of Community Services, the Lafayette Parish Sheriff's Office, the 15<sup>th</sup> Judicial District Family Court, Acadiana Legal Service Corporation, Family Violence Intervention Program and other community groups. The collaboration will target safety for women and children when domestic violence has occurred.

Faith House will provide up to three training sessions per year for volunteers, staff and deputies assigned to AVEC Les Enfants. Training will focus on specific issues surrounding domestic violence and will be provided as an in-kind service.

Faith House will refer domestic violence victims with children in need of supervised visitation or exchange to AVEC Les Enfants.

##### **The Extra Mile, Region IV, Inc AVEC Les Enfants**

AVEC Les Enfants will accept referrals and provide supervised visitation services to families impacted by domestic violence, child abuse, and sexual assault and stalking.

The Executive Director of The Extra Mile and the Project Director of AVEC Les Enfants will support the growth of the collaborative effort and supervise all AVEC Les Enfants activities. Additionally, the Project Director will submit program evaluation information to local and national evaluators as required by the grantor, and lead the effort to continue to seek additional funding sources to maintain the project after grant funds are depleted.

The Extra Mile, Region IV, Inc will submit financial documentation for accounting as needed.