2017 WORK PLAN - LEGAL ADVOCACY & CASE MANAGEMENT SERVICES

DEPARTMENT OF FAMILY SUPPORT & SERVICES

DIVISION ON DOMESTIC VIOLENCE

DELEGATE AGENCY:

PROJECT NAME:

FUNDED AMOUNT	PO NUMBER

A. ENROLL CLIENTS via completion of intake form. Intake form is signed by client and worker, or signature of intake form is indicated on master signature sheet, which is signed by client.

	Q1	Q2	Q3	Q4	TOTAL (auto fill)
1. number of carryover adults from Q4 2016 to Q1 2017		X	X	X	
2. number of new adults enrolled in 2017					
3. total clients = new + carryover (auto fill)					
PERFORMANCE MEASURE: $ per Client (award amount ÷ A.5) →					

PERFORMANCE MEASURE: achieved total clients will = at least 90% of predicted total clients.

B. CONDUCT NEEDS ASSESSMENT

	Q1	Q2	Q3	Q4	TOTAL (auto fill)
1. number of newly enrolled clients receiving a needs assessment. Needs assessment session includes **a**) partial/completion of intake form **b**) determination of client needs **c**) victim safety planning **d**) explanation of the Illinois Domestic Violence Act					

PERFORMANCE MEASURE: 100% of newly enrolled clients will receive a needs assessment

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C. PROVIDE COUNSELING / CASE MANAGEMENT through the development of a service plan created by the client and worker and progress towards service plan goals.

	Q1	Q2	Q3	Q4	TOTAL (auto fill)
1. number of newly enrolled clients who develop a service plan consisting of at least one measurable goal with a target accomplishment date					
2. number of enrolled clients who show progress towards at least one goal listed on the service plan					
3. number of enrolled clients who receive supportive individual counseling/case management					
4. number of individual supportive counseling/case management sessions held with enrolled clients					
5. number of group counseling sessions held					

PERFORMANCE MEASURE: 75% of newly enrolled clients will develop a service plan in collaboration with their worker.

PERFORMANCE MEASURE: 60% of clients developing a service plan will show progress towards at least one goal listed on the service plan.

AGENCY signature and date

DDV signature and date

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FUNDED AMOUNT				PO NUMBER			
D. ACCOMPANY CLIENT TO COURT							
				Q1	**Q2**	**Q3**	**Q4**	**TOTAL (auto fill)**
1. number of **clients** accompanied to court by program staff								
2. number of **times** program staff accompanied clients to court								

AGENCY signature and date

DDV signature and date

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E. PROVIDE COURT ADVOCACY (included intervention on client's behalf or preparing client to speak with representatives of civil/criminal legal systems and law enforcement personnel

	Q1	Q2	Q3	Q4	TOTAL (auto fill)
1. number of clients receiving civil, criminal, or law enforcement interventions					
2. number of clients receiving intervention with entities other than law-enforcement or legal systems (i.e. DCFS, client's employer, housing provider, IDHS, etc.)					
3. number of clients filing for an Order of Protection with the assistance of the program					
4. total number of clients receiving an Order of Protection with the assistance of the program (this row will auto fill as a sum of 4a. + 4b.)					
4a. number of clients receiving an Orders of Protection in civil court with the assistance of the program					
4b. number of clients receiving an Orders of Protection in criminal court with the assistance of the program					
5. number of clients seeking an Order of Protection receiving legal remedy other than an Order of Protection i.e. continuance, restraining order, etc.					

PERFORMANCE MEASURE: 33% of enrolled clients seeking an Order of Protection with the program's assistance will be granted an Order of Protection.

AGENCY signature and date

DDV signature and date

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FUNDED AMOUNT			PO NUMBER			

F. CLIENT EVALUATION OF PROGRAM IMPACT, PROGRAM, AND STAFF (for Adult clients only)

	Q1	Q2	Q3	Q4	TOTAL (auto fill)
1. number of enrolled clients completing the Evaluation of Services Survey					
2. number of completed Evaluation of Services Surveys that indicate that client strongly or somewhat agree with A.2 of the survey, indicating that the program met her needs.					
3. number of completed Evaluation of Services Surveys that indicate that client strongly or somewhat agree with B.2 of the survey, indicating that the staff was supportive.					
4. number of completed Evaluation of Services Surveys that indicate that client strongly or somewhat agree with C.2 of the survey, indicating that the client better understands the legal process.					

PERFORMANCE MEASURE: 100% of completed surveys will be reported on the quarterly report.

PERFORMANCE MEASURE: Copies of 100% of surveys reported on the quarterly report will be sent to the DDV.

PERFORMANCE MEASURE: 80% of completed surveys will indicate that the client strongly or somewhat agrees with A.2 of the survey.

PERFORMANCE MEASURE: 80% of completed surveys will indicate that the client strongly or somewhat agrees with B.2 of the survey.

PERFORMANCE MEASURE: 80% of completed surveys will indicate that the client strongly or somewhat agrees with C.2 of the survey.

AGENCY signature and date

DDV signature and date

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G. PROVIDE COMMUNITY EDUCATION/ AWARENESS WORKSHOPS ON DOMESTIC VIOLENCE								
				Q1	**Q2**	**Q3**	**Q4**	**TOTAL (auto fill)**
1. number of community education/awareness workshops on domestic violence presented by delegate								

AGENCY signature and date

DDV signature and date

CHICAGO DEPARTMENT OF FAMILY & SUPPORT SERVICES - DIVISION ON DOMESTIC VIOLENCE - FVPI

PROGRAM YEAR 2017 (JAN 1 - DEC 31, 2017) WORK PROGRAM

J0B DESCRIPTION

AGENCY NAME	
PROJECT NAME	

1. Please complete for each staff person who is listed on the program budget, regardless of funding source
2. Proof of 40 hour Domestic Violence Training or ICDVP Certification must be attached for all staff providing services listed on Scope of Services
3. An updated resume must be attached for all professional and paraprofessional staff listed on program budget

EMPLOYEE NAME:	
JOB TITLE:	

DESCRIPTION OF DUTIES:

EDUCATIONAL REQUIREMENTS FOR JOB TITLE:

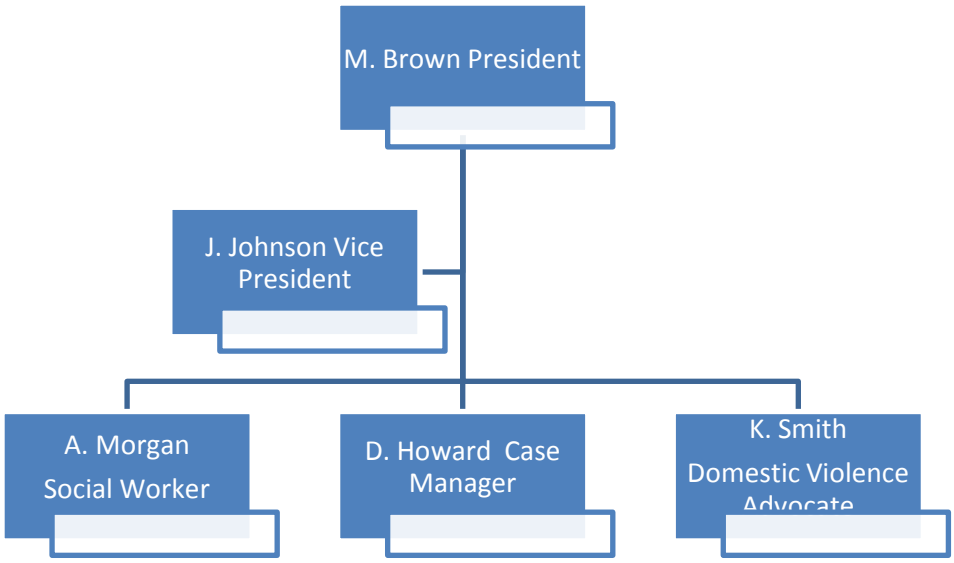
WORK EXPERIENCE / TRAINING REQUIREMENTS FOR JOB TITLE

SPECIAL CERTIFICATES OR LICENSES REQUIRED

Illinois Certified Domestic Violence Professional Certificate
or 40 hours of Domestic Violence Training Certificate

ADDITIONAL CERTIFICATION OR LICENCES REQUIRED

WORK SCHEDULE ON THIS PROGRAM
(must match percentage of time listed on personnel budget)

DAY	HOURS
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

THIS IS A SAMPLE ORGANIZATIONAL CHART. PLEASE INCLUDE AN ORG. CHART THAT ILLUSTRATES BOTH AGENCY STRUCTURE AND PROGRAM LEVEL STRUCTURE.