

Transitional Housing Supplemental Request Form

Submit this form ONE TIME per victim/survivor for OVW reporting purposes only, not to determine approvals.

Program Name: _____ Victim/Survivor ID #: _____

Race / ethnicity	Victim/Survivor	# of Children	# of Other Dependents
Black or African American	<input type="checkbox"/>		
American Indian and Alaska Native	<input type="checkbox"/>		
Asian	<input type="checkbox"/>		
Native Hawaiian and other Pacific Islander	<input type="checkbox"/>		
Hispanic or Latino	<input type="checkbox"/>		
White	<input type="checkbox"/>		
Unknown	<input type="checkbox"/>		
Gender	Victim/Survivor	# of Children	# of Other Dependents
Female	<input type="checkbox"/>		
Male	<input type="checkbox"/>		
Unknown	<input type="checkbox"/>		
Age	Victim/Survivor	# of Children	# of Other Dependents
0-6			
7-12			
13-17	<input type="checkbox"/>		
18-24	<input type="checkbox"/>		
25-59	<input type="checkbox"/>		
60+	<input type="checkbox"/>		
Unknown	<input type="checkbox"/>		
Other Demographics	Victim/Survivor	# of Children	# of Other Dependents
People with disabilities	<input type="checkbox"/>		
People with limited English proficiency	<input type="checkbox"/>		
People who are immigrants/refugees/asylum seekers	<input type="checkbox"/>		
People who live in rural areas	<input type="checkbox"/>		
Victim/Survivor's Relationship to Offender			
<input type="checkbox"/> Current or former spouse/ intimate partner	<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Current or former dating relationship	
<input type="checkbox"/> Other family or household member	<input type="checkbox"/> Stranger	<input type="checkbox"/> Unknown	