**Instructions:** Please list all the primary\* counties that you provide the services in the “Name of County or Counties Served”, either at a Shelter Center, Non-Residential Center, Outreach or Satellite office, office in a partner location, or provided through mobile and virtual advocacy. All services listed below are required to be provided per Chapter 51.005(b) of the Texas Human Resouces Code. For each service listed, document *all ways* you provide services in that county:

* **IP**: In Person, either in an office or by a mobile advocate- including service provided by contract staff.
* **V**: Virtually provided, either by telephone, written (ex. email, chat), or through technology (ex. Zoom).
* **SC:** Subcontracted out and paid for by your organization.
* **R:** Available by direct referral to another service provider in the area, where you can confirm the survivor is able to receive services because of the referral provided by your organization.

If additional space is needed for "Name of Counties Served", please complete more than one chart.

*\*Note:* Centers must serve survivors requesting services regardless of their geographic location, if possible. If you can provide a service regardless of the location of a survivor, utilize the “All Counties” column.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Business Name:** | | | | | | | | |
| **Name of Primary County or Counties Served:** |  |  |  |  |  |  |  | **All Counties** |
| ***Example Service*** | **IP, V, R** |  |  |  |  |  |  |  |
| **24-Hour-a-Day Shelter** |  |  |  |  |  |  |  |  |
| **24-Hour-a-Day-Hotline** |  |  |  |  |  |  |  |  |
| **Access to Emergency Medical Care** |  |  |  |  |  |  |  |  |
| **Crisis Intervention and Intervention Services** |  |  |  |  |  |  |  |  |
| **Access to Emergency Transportation** |  |  |  |  |  |  |  |  |
| **Economic and Housing Advocacy** |  |  |  |  |  |  |  |  |
| **Physical, Behavioral, and Mental Health Advocacy** |  |  |  |  |  |  |  |  |
| **Advocacy for Children’s Needs** |  |  |  |  |  |  |  |  |
| **Legal Advocacy** |  |  |  |  |  |  |  |  |
| **Ongoing Safety Planning** |  |  |  |  |  |  |  |  |
| **Community Education** |  |  |  |  |  |  |  |  |
| **Prevention Education** |  |  |  |  |  |  |  |  |
| **Counseling** |  |  |  |  |  |  |  |  |
| **Support Groups** |  |  |  |  |  |  |  |  |
| **Peer Support Services** |  |  |  |  |  |  |  |  |
| **Information and Referral** |  |  |  |  |  |  |  |  |