# County of El Dorado Health and Human Services Agency <br> Domestic Violence Shelter Based Program 

## Instructions:

Please submit one signed copy of this report no later than 15 days after the end of each calendar year (January $15^{\text {th }}$ ). You must complete all sections of this report. All information contained herein should be devoid of protected or confidential client information, as this report is subject to review at the request of the public.

| Domestic Violence Service Organization <br> Name: | Live Violence Free |  |  |  |
| :--- | :--- | :--- | :--- | :---: |
| Business Office Location (City): | South Lake Tahoe, CA |  |  |  |
| Year for which services are being reported: | 2022 |  |  |  |
| HHSA Contract <br> Number: | 4781 | Total Funding Received <br> from the County for the <br> Year Reported: | $\$ 25,593.13$ |  |
| Report Prepared By: | Ariana Botts |  |  |  |

The California Welfare and Institutions Code mandates the following services be provided in order to receive funding as a part of the Domestic Violence Shelter Based Program:

- Shelter on a 24 hours a day, seven days a week basis.
- A 24 hours a day, seven days a week telephone hotline for crisis calls.
- Temporary housing and food facilities.
- Psychological support and peer counseling provided in accordance with Section 1037.1 of the Evidence Code.
- Referrals to existing services in the community.
- A drop-in center that operates during normal business hours to assist victims of domestic violence who have a need for support services.
- Arrangements for school age children to continue their education during their state at the domestic violence shelter-based program.
- Emergency transportation as feasible.

In accordance with Section 18295, to the extent possible, and in conjunction with already existing community services, the domestic violence shelter-based program shall also provide a method of obtaining medical care, legal assistance, psychological support and counseling, and information regarding other available social services.

By signing below, the Executive Director of Domestic Violence Service Organization identified on this report certifies the organization is providing these services and meets the definition of a Domestic Violence Service Organization, as defined in the California Evidence Code, Sections 1037-1037.8.

I do hereby certify the above statement is true and correct.


Chelcee Thomas, Executive Director


# County of El Dorado Health and Human Services Agency 

## Domestic Violence Shelter Based Program

## Reporting Data:

As required by Section 18300 of the California Welfare and Institutions Code, Domestic Violence Service Organizations funded through the Domestic Violence Shelter Based Program are to annually report to the Board of Supervisors:

1. The Total Number of persons requesting services of the domestic violence shelter-based
2. The number of persons served in the domestic violence shelter-based program, by each type of service provided.
3. A description of the social and economic characteristics of persons receiving services, by type of service provided.

As this report is completed annually, Domestic Violence Service Organizations funded through this program shall report only the data answering the above questions for the year in which they are
reporting.

1. Total Number of persons requesting services of the domestic violence shelterbased program:
2. Number of persons served in the domestic violence shelter-based program, by each type of service provided:
Shelter on a 24 hour a day, seven days a week basis:
1
Telephone hotline crisis calls on a 24 hour a day, seven days
a week basis:

| Psychological support and peer counseling: |
| :--- |
| Referrals to existing services in the community: |


| By way of the drop-in center: | 180 |
| :--- | :--- |
| By way of arrangements made for school age children <br> staying in the shelter: | 132 |
| Provided with emergency transportation: | 0 |
| Provided access to Medical Care | 13 |
| Provided access to Legal Assistance | 3 |
| Provided access to psychological support and counseling | 65 |
| Provided information regarding other available social <br> services | 77 |
| 3.Describe the social and economic characteristics of persons receiving services, by type <br> of service provided: |  | of service provided:

Ethnicity: 59\% of clients are caucasian, 3\% are African American, 22\% are Hispanic, $1 \%$ are Native American, $3 \%$ are Asian, $12 \%$ are unknown. Age: $8 \%$ are ages $0-18,6 \%$ are ages $19-24,72 \%$ are ages $25-59,8 \%$ are over age 60 , and $6 \%$ are unknown. Sex: $14 \%$ were male and $86 \%$ were female.

