

Attachment A: 2026 National Survey of Victim Service Providers
Frame Verification Outreach Form

2026 National Survey of Victim Service Providers (NSVSP) Frame Verification Outreach Form

Thank you for taking the time to complete this update to the 2023 National Census of Victim Service Providers (NCVSP) in preparation for the 2026 National Survey of Victim Service Providers (NSVSP), which will be conducted later this year.

This process takes about **6 minutes to complete**. When available, pre-filled information from the 2023 NCVSP will be provided and you can confirm this information is correct. We ask that you update any missing or outdated information, as necessary. If there is someone else who should be listed as the point of contact for your organization, you can update that information in the form. Your participation ensures that the experiences of your organization and the victims you serve are represented along with victim service providers across the United States.

This form is best completed by someone with knowledge about the available services for victims of crime or abuse, victim service funding, and staffing for victim services within your organization.

Some organizations have specific programs or staff dedicated to working with victims of crime or abuse. In these instances, the form is best completed by someone with direct knowledge of these programs or activities.

Please select "next" to continue.

Navigation Instructions

Please do not use your browser's "Forward" and "Back" buttons to go through this form. This may cause your responses to be lost. Instead, please use the following buttons at the bottom of each page:

- **Back:** save answer(s) and go to the previous screen.
- **Next:** save answer(s) and go to the next screen.
- **Save & Exit:** save answer(s) and sign out of the form. You may resume at any time.

Please select "next" to continue.

Burden Statement

The OMB Control Number for this information collection is 1121-0339 (approval expires 01/31/2028). On average, it will take six minutes to complete this form, including time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. Participation in this study is voluntary. You may decline to answer any question(s), and you may discontinue the survey at any time. Send comments regarding any aspects of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 999 N. Capitol Street NE, Washington, DC 20531. Although this form is voluntary, we need and appreciate your help to provide important data on the work and needs of VSPs across the United States. BJS is conducting this data collection under Title 34 United States Code, Section 10132. By law, BJS will only use the information for statistical purposes and must protect the confidentiality of information identifiable to a private person [Title 34 U.S.C. Sections 10134 and 10231].

Please select "next" to continue.

S1. Please complete the following information for your organization. *If your organization is part of a multisite organization, please use the physical address of your site. If the physical address of your site or main office is confidential, please provide a mailing address.*

[ALL FIELDS PRE-FILLED FROM FRAME DATA WHERE AVAILABLE]

Organization Name:

Organization Address:

City:

State:

ZIP:

Business Phone Number:

Organization Website:

S2. Please provide information about the individual who is completing this survey.

[ALL FIELDS PRE-FILLED FROM FRAME DATA WHERE AVAILABLE]

First Name:

Last Name:

Job Title:

Work Telephone Number:

Email Address:

S3. Which of the following best describes how your organization is structured to provide services to victims of crime or abuse?

- ☐ The victim services program(s) is one component of the larger organization's activities *(for example, victim services program functions within a hospital, university, community center, multiservice agency, law enforcement agency, or prosecutor's office)* → Go to S4
- ☐ The primary function of the organization as a whole is to provide services or programming for victims of crime → Go to S5

S4. Does your organization have a specific program(s) or staff that is designated to provide services to victims of crime or abuse?

- ☐ Yes
- ☐ No → *You are now finished with this form. Thank you for your participation.*

S5. Some organizations may have multiple sites providing victim services that are part of a larger umbrella organization (such as branch or satellite locations, chapters, or field offices; this does NOT refer to staff working from home or hybrid.)

Please select the most appropriate description of your victim service organization.

- ☐ Organization operating through one single site → Go to S7
- ☐ Organization operating through multiple sites (for example, branch or satellite locations, chapters, or field offices) → Go to S6

S6. What is the best description of your site, in relation to your organization's other sites? Select one response.

- ☐ The main office
- ☐ One site or location that reports to a main office (for example, branch or satellite locations, chapters, or field offices)
- ☐ Other (Please specify): [TEXT BOX]

S7. Has your organization provided services to victims or survivors of crime or abuse through specific program(s) or designated staff in the past six months? By 'services to victims or survivors of crime or abuse' we mean direct assistance, including - but not limited to - referrals, counseling, notices of court proceedings, legal assistance, shelter, and medical response.

- ☐ Yes → Go to S10
- ☐ No → Proceed to S8

S8. Does your organization maintain an active victim services referral program? This includes, but is not limited to, hotlines.

- ☐ Yes → Go to S10
- ☐ No → Proceed to S9

S9. Does your organization plan to provide services to victims of crime or abuse in the future, through specific program(s) or designated staff?

- ☐ Yes → *You are now finished with this form. Thank you for your participation.*
- ☐ No → *You are now finished with this form. Thank you for your participation.*

S10. Which of the following best describes your organization? Select one response.

- ☐ Tribal government, tribal coalition, or other tribal organization
- ☐ Campus organization or other educational institution (public or private)
- ☐ Hospital, medical, or emergency facility (public or private)
- ☐ Government agency
- ☐ Nonprofit organization or faith-based organization (501(c)(3) status)
- ☐ For-profit organization → *You are now finished with this form. Thank you for your participation.*
- ☐ Informal organization (for example, some other type of program or group, not formally part of an organization, registered nonprofit, or business; independent survivor advocacy and support groups; volunteer, grassroots, or survivor network) → *You are now finished with this form. Thank you for your participation.*

Later this year, BJS and OVC will be conducting the 2026 NSVSP, which will ask VSPs to report information about the number of victims served, their characteristics, and the services their organization provides to victims, among other topics. This may require VSPs to compile and review records, to query electronic case management systems, or both. The upcoming NSVSP is expected to launch in [timeframe/year].

S11. If selected to participate in the upcoming 2026 NSVSP, would your organization be interested in receiving assistance from a member of the research team to complete the survey (e.g., a phone call to complete the survey together or ask questions about the survey, written resources, video tutorial)?

- ☐ Yes, we would like assistance
- ☐ No, we do not need assistance

S12. Which, if any, of the following case management systems does your organization use? *Select all that apply.*

- ☐ Apricot by Social Solutions
- ☐ CaseWorthy
- ☐ ClientTrack
- ☐ Clio
- ☐ ETO (Efforts to Outcomes)
- ☐ Epic Systems
- ☐ EmpowerDB
- ☐ LegalServer
- ☐ MyCase
- ☐ Oracle Cerner
- ☐ Osnium
- ☐ Salesforce-based system
- ☐ PeerPlace
- ☐ A system developed in-house
- ☐ Other (*Please specify*): [TEXT BOX]
- ☐ My organization does not use a case management system

Thank you for completing the 2026 NSVSP Frame Verification Outreach Form!

If you are selected for the 2026 NSVSP and you indicated that your organization would like to receive assistance with completing the survey, a member of the research team will reach out to you using the contact information you provided.