

Program Questionnaire Tip Sheet

Below, please find some quick tips and best practices for completing the OVS Resource Connect Provider Questionnaire.

Accessing the Questionnaire:

- <https://www.surveymonkey.com/r/2023AnnualReview>

Filling out the Questionnaire:

- Separate questionnaires should be filled out for each physical location and/or hotline
Ex: Your program has 3 physical service locations and 1 hotline. You will fill out 4 separate questionnaires

Completing the Questionnaire:

Step 1:	Review the information provided in the first sections of the questionnaire.											
Step 2:	<p>Select the resource type.</p> <p>Please note, respondents selecting “Shelter” will be directed to an automatic disqualification page. OVS does not publish confidential information relating to the operation of shelters/residential programs.</p> <p>If you have questions regarding how your organization’s information is being published, please contact OVS at ovsresourceconnect@ovs.ny.gov</p>	<p>Resource Type</p> <p>* 1. I am completing this survey on behalf of my organization's:</p> <div data-bbox="850 1178 1109 1325"> <input type="text"/> <input checked="" type="checkbox"/> General Service Location <input type="checkbox"/> Hotline <input type="checkbox"/> Shelter </div> <div data-bbox="1235 1262 1459 1325"> <input type="button" value="Prev"/> <input type="button" value="Next"/> </div>										
Step 3:	<p>Complete respondent contact information. This information is only used in the event OVS needs to contact you regarding your submission. Please also input your OVS Contract Number. Your OVS contract number is a 5-digit number starting with C or M. Your OVS Contract Number can be found in your OVS Contract Documents. If you do not have an OVS Contract, please contact ovsresourceconnect@ovs.ny.gov for assistance completing the questionnaire.</p>	<p>* 2. Survey Respondent Contact Information (for OVS internal use only):</p> <table border="1" data-bbox="704 1507 1367 1713"> <tr><td>Your Name</td><td>OVS Tip Sheet</td></tr> <tr><td>Your Organization</td><td>OVS</td></tr> <tr><td>Your Title</td><td>OVS Staff</td></tr> <tr><td>Your Email</td><td>ovsresourceconnect@ovs.ny.gov</td></tr> <tr><td>Your Phone Number</td><td>518-457-8727</td></tr> </table> <p>* 3. <u>OVS Contract Number:</u> 5 Digit Number starting with C or M and accompanied by GG. Your OVS Contract Number can be found in your OVS Contract Documents.</p> <div data-bbox="704 1850 1192 1896"> <input type="text" value="C12345"/> </div>	Your Name	OVS Tip Sheet	Your Organization	OVS	Your Title	OVS Staff	Your Email	ovsresourceconnect@ovs.ny.gov	Your Phone Number	518-457-8727
Your Name	OVS Tip Sheet											
Your Organization	OVS											
Your Title	OVS Staff											
Your Email	ovsresourceconnect@ovs.ny.gov											
Your Phone Number	518-457-8727											

Step 4: Complete your program's information **as you'd like it to appear online**. Please double-check for accuracy before clicking next. OVS is not responsible for inaccurate information, including spelling errors provided in your submission.

If you have questions regarding how your organization's information is being published, please contact OVS at ovsresourceconnect@ovs.ny.gov

* 4. Organization Name:

* 5. In the space below, please provide a brief synopsis (2-6 sentences) of services provided by your organization.

6. Street Address:

7. City:

* 8. Zip Code:

* 9. Phone Number:

* 10. Website:

* 11. Email:

12. CC Emails:
 Up to 5, optional. CC Emails are not made public.

Step 5: Select all service-areas your resource can assist victims with. Please note, some concerns listed may be very similar, or may be indirect services provided to victims. Please select **any and all** applicable concerns as this is the primary way for victims to find resources on OVS Resource Connect.

* 13. My organization's New York State Office of Victim Services helps victims with the following concerns (select **ALL** that apply):
 OVS understands some of these concerns may be very similar, or some may be indirect services provided to victims. Please select **ANY and ALL** options that apply to your organization's New York State Office of Victim Services.

<input type="checkbox"/> Advocate	<input type="checkbox"/> Family medical Leave Act (FMLA)	<input type="checkbox"/> Neighbor relations
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Family pressures	<input checked="" type="checkbox"/> OVS Compensation
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Family/child behavioral issues	<input type="checkbox"/> Panic attack
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Feeling fatigued	<input type="checkbox"/> Passive aggressive behavior
<input type="checkbox"/> Assault	<input type="checkbox"/> Feeling ill	<input type="checkbox"/> Peer pressure
<input type="checkbox"/> Bad breakup	<input type="checkbox"/> Feeling isolated	<input type="checkbox"/> Post-traumatic stress disorder (PTSD)
<input type="checkbox"/> Bereavement	<input type="checkbox"/> File a police report	<input type="checkbox"/> Pregnancy
<input type="checkbox"/> Body image	<input type="checkbox"/> Financial	<input type="checkbox"/> Referral to medical specialists
<input type="checkbox"/> Bullying	<input type="checkbox"/> Gender-based discrimination	<input type="checkbox"/> Restraining Order
<input type="checkbox"/> Can't afford food	<input type="checkbox"/> Grief and loss	<input type="checkbox"/> Romantic partner problems
<input type="checkbox"/> Caregivers	<input type="checkbox"/> Gun Violence	<input type="checkbox"/> Roommate or housemate problems
<input type="checkbox"/> Change in financial status	<input type="checkbox"/> Harassment	<input type="checkbox"/> Safe sex
<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Hate Crimes	<input type="checkbox"/> Self esteem
<input checked="" type="checkbox"/> Claim Assistance/Help	<input type="checkbox"/> Hazing	

OVS Resource Connect Questionnaire FAQs

<p>How do I know if my program is already listed as a resource on OVS Resource Connect?</p>	<p>Use the Program Review Guidance Document to review instructions on how to find individual resources on OVS Resource Connect.</p>
<p>How do I know if I submitted a questionnaire to register my resource?</p>	<p>Unfortunately, you will not receive a confirmation upon completing a questionnaire. OVS advises respondents to take screenshots or manually record your entry response. Please note, it may take up to two (2) weeks for your resource to appear on OVS Resource Connect. For questions, please email ovsresourceconnect@ovs.ny.gov.</p>
<p>Do I need to complete a questionnaire for my program's administrative office?</p>	<p>Questionnaires should only be completed for each <u>physical location</u> or <u>hotline</u> where services to victims occur. You do not need to complete a questionnaire for administrative locations that do not provide direct services.</p>
<p>How many questionnaires do I need to complete?</p>	<p>Separate questionnaires should be completed for each physical location or hotline your where services to victims occur.</p>
<p>What if I made a mistake on my questionnaire submission? Do I submit a new one?</p>	<p>Please do not submit a new questionnaire. Email ovsresourceconnect@ovs.ny.gov for assistance.</p>
<p>What if my program is a confidential location?</p>	<p>OVS does not publish confidential information relating to the operation of shelters/residential programs victims. For other resource types, OVS will not publish location information provided in the questionnaire labelled as confidential. If you have questions regarding how your organization's information is being published, please contact OVS at ovsresourceconnect@ovs.ny.gov</p>