

MONTHLY SHELTER & SERVICE ASSISTANCE FOR HOMELESS & NEAR HOMELESS

Agency Name: _____

Contact Person: _____

Telephone Number: _____

Period Covered: _____

Authorized Signatory: _____

1. Program Type - Indicate the number of persons in each program

- a. Emergency Shelter
- b. Transitional Housing
- c. Permanent Supportive Housing

- d. Supportive Services*
- e. Vouchers for Shelter

* Includes: Services provided to persons outside of shelters (intake, assessment, day centers, soup kitchens)

2. Please indicate the number of your agency's persons served in each applicable category

Gender

- # of Adult Male
- # of Adult Female
- # of Male Children
- # of Female Children

Ethnicity

- ii. # of Caucasian
- jj. # of African American
- k. # of American Indian
- l. # of Hispanic
- m. # of Asian
- n. # of Native Amer./Pacific Islander
- o. # of Amer. Indian/Alaskan
- p. # of Hawaiian/Pacific Islander
- q. # of Amer. Indian/Alaskan Pacific Islander
- r. # of Asian/Caucasian
- s. # of African American/Caucasian
- t. # of Amer. Indian/Alaskan Native
- u. # African American/Asian Pacific Islander
- v. # of Other

[illegible]

Single/Unaccompanied

- e. # of Males age 18 to 59
- f. # of Females age 18 to 59 years
- g. # of Adult Males 60 years and older
- h. # of Adult Females 60 years and older
- i. # of Males under 18
- j. # of Females under 18

Families with Children Headed By

- w. # of Single Male Adults
x. # of Single Female Adults
y. # of Two Parents 18 and over
z. # of Youth 18 and under
aa. # of Two Parents under 18
ab. # of Families with no children
ac. # of Families with persons aged 60 and older

3. Number of the Population Served who may be included in the following subpopulations (persons may be placed into more than one category)

- a. Domestic Violence
- b. Runaway / Throwaway Youth
- c. Severe Mental Illness (SMI) Only
- d. SMI & Alcohol/Other Drug Abuse
- e. Developmentally Disabled
- f. HIV/AIDS

- g. Alcohol Dependent
- h. Drug Dependent
- i. Elderly
- j. Veterans
- k. Physically Handicapped
- l. Other

4. Number of Participants Assisted which fall in the ranges below* .

* see attached chart

- a. Number of Low/Mod income assisted
- b. Number of Low income and below assisted

5. Shelter Programs/Housing Activities

- a. Number of units designated for persons with HIV/AIDS
- aa. Of these, the number designated for chronically homeless
- b. Number of units designated for homeless persons
- bb. Of these, the number designated for chronically homeless
- c. Number of beds for overnight shelter or emergency shelter

6. Prior living situation: include participants in the one category that best describes their most recent living situation.

- a. Streets
- b. Emergency Shelter
- c. Transitional Housing
- d. Psychiatric facility*
- e. Substance treatment facility*
- f. Hospital*

- g. Jail/prison*
- h. Dom. violence situation
- i. Living with rel./friends
- j. Rental Housing
- k. Other (please specify)

* If a participant or family head(s) of household came from one of these facilities but was there less than 30 30 days they should be counted in their previous living situation. If they were staying at one of these facilities for longer than 30 days, the facility should be counted as their prior living situation.