

## Confirmation of CoC APR Requirement

**Operating Year Start Date** 07/01/2010

**Operating Year End Date** 06/30/2011

## Q1. Contact Information

### Instructions:

The project information (project name, grantee and grant number) required for reporting within the APR must exactly match the grant information you submitted and received from HUD when your grant was awarded.

**Project Name:** CASA for Familes II  
**Project Sponsor:** Primavera Foundation Inc.  
**Grantee:** Pima County CDNC  
**Grant Number:** AZ0026B9T010802  
**Prefix:** Ms.  
**First Name:** Peggy  
**Middle Name:**  
**Last Name:** Hutchison  
**Suffix:**  
**Title:** Executive Director  
**Street Address 1:** 702 S. 6th Ave.  
**Street Address 2:**  
**City:** South Tucson  
**State:** Arizona  
**Zip Code:** 85713  
**Format:** 12345 or 12345-1234  
**E-mail Address:** phutchison@primavera.org  
**Confirm E-mail Address:** phutchison@primavera.org  
**Phone Number:** 520-623-5111  
**Format:** 123-456-7890  
**Extension:** 111  
**Fax Number:** 520-623-6434  
**Format:** 123-456-7890

### Q3. Project Information

**Carefully select the answers to the questions on this form as they determine what questions you are required to answer for the APR. Selecting the incorrect answer will give you incorrect questions to complete. Refer to the CoC APR Guidebook at [www.hudhre.info](http://www.hudhre.info) for details on answering this and all questions in the APR.**

**Instructions:**

After answering questions click "Save" and review the form. New questions may appear depending on the answers you give. Target subpopulation is only required if you identified a target population in Exhibit 2 of your grant application. (Target subpopulation does not mean who you served  $\hat{z}$  rather it means who you were funded to serve.)

Grants approved for an extension will now only submit one APR for the grant operating year, including the extension period. If you answer "Yes" to "Is this an APR for a grant that received a HUD-approved grant extension?" you will need to select "Save" on the bottom of the screen and two new fields will become visible where you will identify the time period for your extension. The extension start date should be the day after the date the grant would have ended if HUD had not approved an extension (e.g., if the grant had a one-year term ending 01/31/2010, the extension operating start date should be 02/01/2010). The extension end date should match the grant expiration date in LOCCS.

At the end of question 3, you may be asked "Is this APR fulfilling the reporting obligation associated with a 20-year use requirement?" Projects that received funding for acquisition, new construction and rehabilitation (e.g. hard costs) are required to maintain the facility as a homeless program for a 20 year period, which is documented by submitting an APR each year.

Select "Yes" if this APR is fulfilling the reporting obligation associated with the 20-year use requirement under either of these conditions:

- 1) The original grant was only for hard costs (acquisition, new construction, rehabilitation), or
- 2) The original grant was for hard costs and soft costs (leasing, operations or supportive services) and the grantee declined to renew the soft costs at some point.

Select "No" if this project is currently receiving SHP, S+C or SRO funding to support leasing, operations, or supportive services in this property, as the project is required to submit an APR to fulfill the reporting obligations associated with the current grant.

If the answer to "Is this a final APR?" is "Yes," the grantee will be required to answer two additional questions related to the closeout of the grant. In the first question, the grantee will indicate whether it has completed its final draw in LOCCS. In the second question, the grantee will indicate whether or not it plans on renewing this project.

**Type of Grant** SHP

**Component Type** TH

**Content depends on "Type of Grant" selection**

**Click save to update form.**

**Identify if this project is operated by a victim service provider as defined by the Violence Against Women and Department of Justice Re-authorization Act of 2005 (VAWA). Click save to update form.** No VAWA Provider(s)

**Was this project funded under a special initiative?** No

**Target Subpopulation**

**CoC Number and Name** AZ-501 - Tucson/Pima County CoC

**Amount of Contract or Award** \$434,713

**Operating Year Covered by this APR** 1

**Is this an APR for a grant that received a HUD-approved grant extension?** No  
Click save to update form.

**Is this a final APR?** Yes  
Click save to update form.

**Is this a corrected APR?** No

**Is this APR fulfilling the reporting obligation associated with a 20-year use requirement?** No  
Click save to update form.

**Have you completed your final draw in LOCCS?** Yes

**Have you renewed this project?** Yes

## Q4. Site Information

### Instructions:

The site information address is the address of the principal program service site. If this is a program with multiple sites (e.g. mobile outreach program, scattered-site housing program, etc.) enter the program's administrative office address.

**Street/PO Box:** 2797 E Ajo Way

**City:** Tucson

**State:** Arizona

**Zip Code:** 85713

**Format:** 12345 or 12345-1234

**Identify the program site configuration type:** Multiple Sites

**Identify the site type for the principal service site:** Residential: Special Needs and Non Special Needs

**Identify the housing type for the principal service site:** Single Apartment (non-SRO) Units

**Explain any changes made in this section from the information provided in the original application:**  
**Maximum Characters: 2000**

## Q5. Bed and Unit Inventory

**Instructions:**

The Proposed Bed and Unit Inventory should match your Exhibit 2 information. The Actual Bed and Unit Inventory is the number of beds/units reliably ready for occupancy starting on or before the last day of the project's operating year. If some or all of the beds are not designated exclusively for one type of household then report beds in each type based on the average use of those beds. Projects that only have units (no fixed number of beds - e.g. apartment units) should estimate the number of beds. For PH Only - The Chronically Homeless beds are those that were identified in your grant application as a subset of the total beds designated for persons who are chronically homeless. The number of actual chronically homeless beds represents those beds that are reliably ready for occupancy starting on or before the last day of the project's operating year. A bed may be used by a chronically homeless person regardless of the number of chronically homeless beds designated in your grant application - this number is reflective only of those beds specifically set aside or targeted for chronically homeless persons in your grant application. Projects that do not have a fixed number of units may record either the number of facilities operated (e.g. 1 unit = 1 facility) or may use the number of bedrooms (e.g. 5 units = 5 bedrooms) as is appropriate for the type of facility.

### Proposed Bed and Unit Inventory Total Number of Year Round Beds/Units from Application

	Beds	Units
Households Without Children	0	0
Households With Children	161	59
<b>Total</b>	<b>161</b>	<b>59</b>

### Actual Bed and Unit Inventory Total Current Number of Year Round Beds/Units

	Beds	Units
Households Without Children	0	0
Households With Children	196	53
<b>Total</b>	<b>196</b>	<b>53</b>

### **Explanation of Changes**

Explain any difference in the actual inventory from the information provided in the application.  
Maximum Characters: 2000

Since the original application for SHP CASA II for Families, the program has continued to use the same unit inventory of 59 units and 161 beds.

However, when using HUD HDX/HIC data, our sponsors who conduct transitional supportive housing indicate an inventory of 53 units and 196 beds. In addition, there seems to be a challenge in HMIS reporting data to accurately report these beds within the units.

As the name implies, the CASA II for Families is a transitional housing program for adults with children. Compared with last year's APR, more children were served during this fiscal year. This program is serving larger families with more children during the 2010/2011 fiscal year, thus requiring more beds and fewer family units. Sponsor anecdotal feedback indicates there may be a family within a family in a unit; for example - a parent with children, one of which has also has a child(ren). Thus, unit size within the family program have a variance to the number of beds to meet the needs of the family size.

## Q6. HMIS Bed Participation

### Instructions:

Of the total actual beds reported in Q5, indicate the total number of beds for each household type that are covered in the HMIS.

A bed is considered covered in HMIS if:

- 1) the project is making all reasonable efforts to record all universal and applicable program-specific data elements on all clients served by that bed; and
- 2) discloses these data elements through agreed upon means to the HMIS Lead Organization at least once annually.

The HMIS bed coverage rates are automatically calculated when you click save. The HMIS bed coverage rate is calculated by dividing the total in question 6 by the total in question 5. (Q6/Q5 = % covered.)

### HMIS Bed Participation

<b>The total number of year-round beds in HMIS for households without children:</b>	0
<b>The total number of year-round beds in HMIS for households with children:</b>	196
<b>HMIS bed coverage rate for year-round beds for households without children:</b>	0%
<b>HMIS bed coverage rate for year-round beds for households with children:</b>	100%
<b>Total HMIS bed coverage rate for all year-round beds:</b>	100%

**Click Save to autocalculate the HMIS participation rates.**

## Q7. Data Quality

**Instructions:**

Report the number of clients served in this operating year, as well as counts of the number of adults, unaccompanied children, and Leavers. Then report the number of clients with "Don't Know" or "Refused" recorded for each of the required HMIS data elements in the table below. Similarly, report the number of clients with missing data for each of the required data elements.

Data quality is based on the latest enrollment for each client in an operating year.

DV providers should report data quality based on data recorded in their comparable databases. If multiple databases are used across a grant, data should be merged for reporting purposes.

**Definitions:**

Clients = persons served - The term person (or client) served refers to all adults and children served by the program during the operating year. This includes all persons for whom a program entry date has been entered into HMIS. This does not include caregivers who live with a disabled adult and children who are not in the care of a parent or guardian or not residing with them.

Adults - Adults are any persons 18 years of age or older. A person's age is based on the program entry date closest to the end of the operating year. If a person entered the program prior to the start of the operating year, the person's age should be based on the first day of the operating year.

Unaccompanied Children - An Unaccompanied Child is a person under 18 in a household by himself/herself.

Leavers - The term "Leavers" refers to clients who exited and were not in the program on the last day of the operating year.

**Total number of Clients: 356**

**Total number of Adults: 126**

**Total number of Unaccompanied Children: 10**

**Total number of Leavers: 166**

### HMIS or Comparable Database Data Quality

Data Element	Don't Know or Refused	Missing Data
First Name	0	0
Last Name	0	0
SSN	5	0
Date of Birth	0	0
Race	5	0
Ethnicity	3	0
Gender	0	0

<b>Veteran Status</b>	1	0
<b>Disabling Condition</b>	0	0
<b>Residence Prior to Entry</b>	0	0
<b>Zip of Last Permanent Address</b>	5	0
<b>Housing Status (at entry)</b>	0	0
<b>Income (at entry)</b>	2	0
<b>Income (at exit)</b>	3	0
<b>Non-Cash Benefits (at entry)</b>	17	0
<b>Non-Cash Benefits (at exit)</b>	6	0
<b>Physical Disability (at entry)</b>	0	0
<b>Developmental Disability (at entry)</b>	0	0
<b>Chronic Health Condition (at entry)</b>	0	0
<b>HIV/AIDS (at entry)</b>	0	0
<b>Mental Health (at entry)</b>	1	0
<b>Substance Abuse (at entry)</b>	0	0
<b>Domestic Violence (at entry)</b>	1	0
<b>Destination</b>	16	0

**Show/Hide Percentages**  
**Click save to update form.**

## Q8. Persons Served

### Instructions:

Q8 reports on the full universe of non-victim service provider clients served and all future questions will refer back to the answers here. Report the unduplicated count of all people served during the operating year. Each person should be counted in the household type associated with his or her last stay of the operating year.

The household types include:

- a) Households without Children  $\zeta$  include single adult persons, or adults with adult companions that have never had a child in their household.
- b) Households with Children and Adults  $\zeta$  include any household with at least one adult and one child present regardless of whether the child(ren) is present for the full program stay. (Rule  $\zeta$  If ever a child in the household, always a household with children).
- c) Households with only Children  $\zeta$  include any household where all persons are younger than age 18. (Age is determined based on: entry date closest to the end of the operating year or if they were in the program during the previous operating year then age is based on the first day of the operating year.)
- d) Unknown Household Type - includes households that cannot be classified in cases when one or more persons are missing dates of birth. Note that in instances when the household already contains at least one known adult and one known child, the household type can be determined and categorized as a Household with Children and Adults.

### Number of Persons in Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	126	0	126		0
Children	230		220	10	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>356</b>	<b>0</b>	<b>346</b>	<b>10</b>	<b>0</b>

### Average Number of Persons Served Each Night

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Average Number of Persons	186	0	184	2	0

### Point-in-Time Count of Persons Served on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	179	0	179	0	0
April	191	0	185	6	0
July	173	0	173	0	0

	<b>Total</b>	<b>Without Children</b>	<b>With Children and Adults</b>	<b>With Only Children</b>	<b>Unknown Household Type</b>
<b>October</b>	183	0	183	0	0

## Q9. Households Served

**Instructions:**

Report the unduplicated number of households served by household type. The type of household is determined based on the type of persons in the household, considering all program stays within the operating year.

- a) Households without Children  $\checkmark$  include single adult persons, or adults with adult companions that have never had a child in their household.
- b) Households with Children and Adults  $\checkmark$  include a person in any household with at least one adult and one child present regardless of whether the child(ren) is present for the full program stay. (Rule  $\checkmark$  If ever a child in the household, always a household with children).
- c) Households with only Children  $\checkmark$  include a person in any household where all persons are younger than age 18. (Age is determined based on: entry date closest to the end of the operating year or if they were in the program during the previous operating year then age is based on the first day of the operating year.)
- d) Unknown Household Type - include households that cannot be classified in cases when one or more persons are missing dates of birth. Note that in instances when the household already contains at least one known adult and one known child, the household type can be determined and categorized as a Household with Children and Adults.

### Number of Households Served During the Operating Year

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Households</b>	101	0	99	2	0

### Point-in-Time Count of Households Served on the Last Wednesday in

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>January</b>	49	0	49	0	0
<b>April</b>	52	0	51	1	0
<b>July</b>	49	0	49	0	0
<b>October</b>	51	0	51	0	0

## Q10 and Q11. Utilization Rates

**Instructions:**

This table automatically calculates based on the entries in Q5, Q8 and Q9. The only way to correct a mistake identified when reviewing this table is to review and correct the source data for inventory (Q5), persons (Q8) or households (Q9) served.

### Bed Utilization Rate

<b>Average daily utilization rate during the operating year:</b>	95%
<b>Point-in-Time bed utilization rate on the last Wednesday in:</b>	
<b>January</b>	91%
<b>April</b>	97%
<b>July</b>	88%
<b>October</b>	93%

### Unit Utilization Rate

<b>Point-in-Time unit utilization rate on the last Wednesday in:</b>	
<b>January</b>	92%
<b>April</b>	98%
<b>July</b>	92%
<b>October</b>	96%

## Q15a1. Gender - Adults

### Instructions:

Report the number of adults in each gender response category, recorded by the type of household in which each adult was last served.

### Gender of Adults Number of Adults in Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	26	0	26	0
Female	100	0	100	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	126	0	126	0

## Q15a2. Gender - Children

### Instructions:

Report the number of children in each gender response category, recorded by the type of household in which each child was last served.

### Gender of Children Number of Children in Households

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	106	105	1	0
Female	124	115	9	0
Transgendered	0	0	0	0
Other	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
Subtotal	230	220	10	0

### Q15a3. Gender - Missing Age

**Instructions:**

Report the number of persons missing age data in each gender response category, recorded by the type of household in which each person was last served.

**Gender of Persons Missing Age Information  
 Number of Persons in Households**

		Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Transgendered	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

**Show/Hide Percentages**  
**Click save to update form.**

## Q16. Age

### Instructions:

Report the number of persons in each age category. Age should be calculated based on age at program entry (of the last program stay during the operating year) or age on the first date of the operating year, whichever is later.

### Age Number of Persons in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	75		72	3	0
5 - 12	105		102	3	0
13 - 17	50		46	4	0
18 - 24	24	0	24		0
25 - 34	52	0	52		0
35 - 44	41	0	41		0
45 - 54	7	0	7		0
55 - 61	1	0	1		0
62+	1	0	1		0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>356</b>	<b>0</b>	<b>346</b>	<b>10</b>	<b>0</b>

## Q17a. Ethnicity/Race - Ethnicity

### Instructions:

Report the number of persons in each ethnicity category, recorded by the type of household in which each person was last served.

**Ethnicity  
 Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	189	0	183	6	0
Hispanic/Latino	164	0	160	4	0
Don't Know/Refused	3	0	3	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>356</b>	<b>0</b>	<b>346</b>	<b>10</b>	<b>0</b>

## Q17b. Ethnicity/Race - Race

### Instructions:

Report the number of persons in each race category, recorded by the type of household in which each person was last served.

**Race**  
**Number of Persons in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	253	0	249	4	0
Black or African-American	42	0	42	0	0
Asian	14	0	14	0	0
American Indian or Alaska Native	19	0	13	6	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple Races	23	0	23	0	0
Don't Know/Refused	5	0	5	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>356</b>	<b>0</b>	<b>346</b>	<b>10</b>	<b>0</b>

## Q18a. Physical and Mental Health Conditions at Entry

**Instructions:**

Report the number of persons (including both adults and children), with each condition, reported separately for persons in different household types. An individual may have more than one condition identified and therefore may be reported in more than one row of the table.

### Known Physical and Mental Health Conditions at Entry Number of Persons in Households

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Mental Illness	8	0	8	0	0
Alcohol Abuse	0	0	0	0	0
Drug Abuse	4	0	4	0	0
Chronic Health Condition	1	0	1	0	0
HIV/AIDS and Related Diseases	0	0	0	0	0
Developmental Disability	2	0	2	0	0
Physical Disability	2	0	2	0	0

## Q18b. Number of Physical and Mental Health Known Conditions at Entry

**Instructions:**

Report the number of conditions each person had reported separately for persons in different household types.

### Number of Known Conditions Number of Persons in Households

	Total Persons	Without Children	With Children and Adults	With Only Children	Unknown Household Type
None	339	0	329	10	0
1 Condition	15	0	15	0	0
2 Conditions	1	0	1	0	0
3+ Conditions	0	0	0	0	0
Condition Unknown	0	0	0	0	0
Don't Know / Refused	1	0	1	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>356</b>	<b>0</b>	<b>346</b>	<b>10</b>	<b>0</b>

## Q19. Domestic Violence Experience

**Instructions:**

19a. Report the number of adults and unaccompanied children who indicated a past domestic violence experience, based on the assessment at last program entry. Click "Save" to update the screen after entering this response.

19b. If any persons are recorded as having a past domestic violence experience, an additional table will show. Report the number of persons who experienced domestic violence within each of the specified timeframes, based on their most recent experience.

### 19a. Past Domestic Violence Experience Number of Adults and Unaccompanied Children in Households

Click save to update form.

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	45	0	45	0	0
No	80	0	80	0	0
Don't Know/Refused	1	0	1	0	0
Information Missing	0	0	0	0	0
<b>Total</b>	<b>126</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>

### 19b. When Past Domestic Violence Experience Occurred Number of Adults and Unaccompanied Children in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Within the past 3 Months	13	0	13	0	0
3 to 6 Months Ago	4	0	4	0	0
6 to 12 Months Ago	6	0	6	0	0
More than a Year Ago	19	0	19	0	0
Don't Know/Refused	3	0	3	0	0
Information Missing	0	0	0	0	0

## Q20a1. Residence Prior to Program Entry - Homeless Situations

**Instructions:**

This is one of three tables on prior residence: homeless living situations, institutional settings, and other locations. Report the number of adults and unaccompanied children who stayed in each of the homeless living situations listed below on the night before their most recent program entry.

### Residence Prior to Program Entry - Homeless Situations Number of Adults and Unaccompanied Children in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Emergency shelter	47	0	47	0	0
Transitional housing for homeless persons	4	0	4	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	1	0	1	0	0
<b>Subtotal</b>	<b>52</b>	<b>0</b>	<b>52</b>	<b>0</b>	<b>0</b>

## Q20a2. Residence Prior to Program Entry - Institutional Settings

**Instructions:**

This is one of three tables on prior residence: homeless living situations, institutional settings, and other locations. Report the number of adults and unaccompanied children who stayed in each of the institutional settings listed below on the night before their most recent program entry.

**Residence Prior to Program Entry - Institutional Settings  
 Number of Adults and Unaccompanied Children in Households**

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Psychiatric facility	0	0	0	0	0
Substance abuse or detox center	1	0	1	0	0
Hospital (non-psychiatric)	0	0	0	0	0
Jail, prison, or juvenile detention	0	0	0	0	0
Foster care home or foster care group home	1	0	1	0	0
<b>Subtotal</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>

## Q20a3. Residence Prior to Program Entry - Other Locations

**Instructions:**

This is one of three tables on prior residence: homeless living situations, institutional settings, and other locations. Report the number of adults and unaccompanied children who stayed in each of the other locations listed below on the night before their most recent program entry.

The total row at the bottom of the screen aggregates the subtotal from screens 20a1, 20a1, and 20a3 and represents the total number of adults and unaccompanied children served according to household types.

### Residence Prior to Program Entry - Other Locations Number of Adults and Unaccompanied Children in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
PSH for homeless persons	0	0	0	0	0
Owned by client, no subsidy	0	0	0	0	0
Owned by client, with subsidy	0	0	0	0	0
Rental by client, no subsidy	21	0	21	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client, with other subsidy	0	0	0	0	0
Hotel/Motel, paid by client	5	0	5	0	0
Staying or living with family	37	0	37	0	0
Staying or living with friend(s)	9	0	9	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>72</b>	<b>0</b>	<b>72</b>	<b>0</b>	<b>0</b>
<b>*Total - 20a1, 20a2 and 20a3</b>	<b>126</b>	<b>0</b>	<b>126</b>	<b>0</b>	<b>0</b>

## Q21. Veteran Status

### Instructions:

Report the number of adults in each veteran status category.

### Veteran Status Number of Adults in Household

	Total	Without Children	With Children and Adults	Unknown Household Type
<b>Veteran</b>	1	0	1	0
<b>Not a Veteran</b>	124	0	124	0
<b>Don't Know/Refused</b>	1	0	1	0
<b>Information Missing</b>	0	0	0	0
<b>Total</b>	126	0	126	0

## Q22a1. Physical and Mental Health Types of Condition - Leavers

**Instructions:**

Report the number of Leavers with each condition, based on the disability data recorded nearest the exit date of their last program stay. Disability at entry or an annual assessment can be used if the client is missing disability data at exit. An individual may have more than one condition identified and therefore may be reported in more than one row of the table. Results must be reported separately for adults, children, and persons of unknown age.

Leaver - the term "Leaver" refers to clients who exited and were not in the program on the last day of the operating year.

### Known Physical and Mental Health Conditions Number of Leavers

	All Persons	Adults	Children	Age Unknown
Mental Illness	7	7	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	4	4	0	0
Chronic Health Condition	1	0	1	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	1	0	1	0
Physical Disability	1	1	0	0

**Show/Hide Percentages**  
 Click save to update form.

## Q22a2. Physical and Mental Health Number of Conditions - Leavers

**Instructions:**

Report the number of persons in the row corresponding with the number of conditions recorded for each person. The number of conditions should be based on the disability data recorded nearest the exit date of their last program stay. Disability at entry or an annual assessment can be used if the client is missing disability data at exit.

Results must be reported separately for adults, children, and persons of unknown age.

Leaver - the term "Leaver" refers to clients who exited and were not in the program on the last day of the operating year.

**Number of Known Conditions  
 Number of Leavers**

	All Persons	Adults	Children	Age Unknown
None	153	53	100	0
1 Condition	12	10	2	0
2 Conditions	1	1	0	0
3+ Conditions	0	0	0	0
Condition Unknown	0	0	0	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Total</b>	<b>166</b>	<b>64</b>	<b>102</b>	<b>0</b>

**Show/Hide Percentages**  
 Click save to update form.

## Q22b1. Physical and Mental Health Types of Conditions - Stayers

**Instructions:**

Report the number of Stayers with each condition, based on the disability data recorded nearest the exit date of their last program stay. An individual may have more than one condition identified and therefore may be reported in more than one row of the table. Results must be reported separately for adults, children, and persons of unknown age.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

### Known Physical and Mental Health Conditions Number of Stayers

	All Persons	Adults	Children	Age Unknown
Mental Illness	1	1	0	0
Alcohol Abuse	0	0	0	0
Drug Abuse	1	1	0	0
Chronic Health Condition	0	0	0	0
HIV/AIDS and Related Diseases	0	0	0	0
Developmental Disability	1	0	1	0
Physical Disability	1	0	1	0

**Show/Hide Percentages**  
**Click save to update form.**

## Q22b2. Known Physical and Mental Health Number of Conditions - Stayers

**Instructions:**

Report the number of Stayers with each condition, based on the disability data recorded nearest the end of the operating year.

Results must be reported separately for adults, children, and persons of unknown age.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

**Number of Known Conditions  
 Number of Stayers**

	All Persons	Adults	Children	Age Unknown
None	185	60	125	0
1 Condition	4	2	2	0
2 Conditions	0	0	0	0
3+ Conditions	0	0	0	0
Disabled - Unknown	0	0	0	0
Don't Know/Refused	1	0	1	0
Information Missing	0	0	0	0
<b>Total</b>	<b>190</b>	<b>62</b>	<b>128</b>	<b>0</b>

**Show/Hide Percentages**  
 Click save to update form.

## Q23. Client Monthly Cash-Income Amount - Adult Leavers

### Instructions:

Report the number of adult Leavers in each income category.

Income at entry - Count each adult in the row that corresponds with the amount of income each person had at the first entry of the operating year or annual assessment nearest the first day of the operating year, whichever is later.

Income at exit - Count each adult in the row that corresponds with the amount of income each person had at exit.

Less/Same/More/Unknown Income - Count each adult in the row that corresponds with the amount of income each person had at entry and in the column that corresponds to whether the person's income at exit was less than, the same as, or more than income at entry. Record the person in the unknown column if income at exit is missing.

Average Change - In each row, calculate the average change in income between entry and exit for the people counted in that row in the "Income at Entry" column. (e.g., report the average change (\$) in income for the people who had no income at entry). Calculate the average for all clients and report in the total row.

Information Missing - Count each adult who only had an income amount collected at entry.

Leaver - the term "Leaver" refers to clients who exited and were not in the program on the last day of the operating year.

### Client Monthly Cash-Income Amount Number of Adult Leavers

Program Entry	Income at Entry	Income at Exit	Less Income at Exit	Same Income at Exit	More Income at Exit	Unknown Income Change	Average Change(\$) Monthly Income per Adult
No income	19	18		14	5	0	92
\$1 - \$150	1	2	0	1	0	0	0
\$151 - \$250	1	4	0	1	0	0	0
\$251 - \$500	4	4	0	2	2	0	455
\$501 - \$750	3	2	0	1	2	0	621
\$751 - \$1,000	5	3	3	0	2	0	395
\$1,001 - \$1,250	6	5	2	2	2	0	-98

<b>\$1,251 - \$1,500</b>	8	5	3	1	4	0	-221
<b>\$1,501 - \$1,750</b>	7	2	3	1	3	0	102
<b>\$1,751 - \$2,000</b>	4	6	0	2	2	0	696
<b>\$2,001 +</b>	5	12	0	3	2	0	818
<b>Don't Know/Refused</b>	1	1				1	
<b>Information Missing</b>	0	0				0	
<b>Total</b>	64	64	11	28	24	1	155

## Q24. Client Monthly Cash-Income Amount - Adult Stayers

### Instructions:

Report the number of adult Stayers in each income category.

Income at entry - Count each adult in the row that corresponds with the amount of income each person had at the first entry of the operating year or annual assessment nearest the first day of the operating year, whichever is later.

Income at follow-up - Count each adult in the row that corresponds with the amount of income each person had at the annual follow-up assessment closest to the last date of the operating year. If the person has been in the program for less than one year and only has income recorded at program entry, then list income at follow-up as "missing".

Less/Same/More/Unknown Income - Count each adult in the row that corresponds with the amount of income each person had at entry and in the column that corresponds to whether the person's income at follow-up was less, the same, or more than income at entry. Record the person in the unknown column if income at follow-up is missing or if no follow-up occurred.

Average Change - In each row, calculate the average change in income between entry and follow-up for the people counted in that row in the "Income at Entry" column. (E.g., report the average change (\$) in income for the people who had no income at entry.) Calculate the average for all clients and report in the total row.

Stayer - the term "Stayer" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

### Client Monthly Cash-Income Amount by Entry and Latest Status Number of Adult Stayers

Program Entry	Income at Entry	Income at Follow-up	Less Income at Follow-up	Same Income at Follow-up	More Income at Follow-up	Unknown Income Change	Average Change(\$) Monthly Income per Adult
No income	11	11		11	0	0	0
\$1 - \$150	0	0	0	0	0	0	0
\$151 - \$250	1	1	0	0	1	0	722
\$251 - \$500	0	0	0	0	0	0	0
\$501 - \$750	4	5	0	3	1	0	700
\$751 - \$1,000	5	6	0	4	0	0	0

<b>\$1,001 - \$1,250</b>	11	10	2	9	1	0	-127
<b>\$1,251 - \$1,500</b>	6	6	0	5	1	0	250
<b>\$1,501 - \$1,750</b>	15	11	2	11	2	0	62
<b>\$1,751 - \$2,000</b>	3	4	0	2	1	0	707
<b>\$2,001 +</b>	6	8	2	3	1	0	-475
<b>Don't Know/Refused</b>	0	0				0	
<b>Information Missing</b>	0	0				0	
<b>Total</b>	62	62	6	48	8	0	0

## Q25a1. Cash Income Sources - Leavers

### Instructions:

Report the number of Leavers with each cash income source, based on the income assessment conducted at program exit. Record information separately for adults, children, and persons whose age is unknown.

Leaver - The term "Leaver" refers to persons who exited and were not in the program on the last day of the operating year.

### Type of Cash-Income Sources Number of Leavers

	Total	Adults	Children	Age Unknown
Earned Income	31	30	1	0
Unemployment Insurance	9	9	0	0
SSI	1	1	0	0
SSDI	1	1	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	5	5	0	0
General Assistance	1	1	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	13	13	0	0
Alimony (Spousal Support)	0	0	0	0
Other Source	119	25	94	0

Show/Hide Percentages  
 Click save to update form.

## Q25a2. Cash Income Number of Sources - Leavers

### Instructions:

Report the number of Leavers with no cash income, at least one source of cash income, or cash income sources unknown (Don't Know/Refused or Information missing), based on the income assessment conducted at program exit. Record information separately for adults, children, and persons whose age is unknown.

Leaver - The term "Leaver" refers to persons who exited and were not in the program on the last day of the operating year.

### Number of Cash-Income Sources Number of Leavers

	Total	Adults	Children	Age Unknown
No Sources	121	21	100	0
1 + Source(s)	42	41	1	0
Don't Know/Refused	2	1	1	0
Information Missing	1	1	0	0
<b>Total</b>	<b>166</b>	<b>64</b>	<b>102</b>	<b>0</b>

Show/Hide Percentages  
 Click save to update form.

## Q25b1. Cash-Income Sources - Stayers

### Instructions:

Report the number of Stayers with each cash income source, based on the income assessment conducted closest to the end of the operating year. Record information separately for adults, children, and persons whose age is unknown.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

### Type of Cash-Income Sources Number of Stayers

	Total	Adults	Children	Age Unknown
Earned Income	45	43	2	0
Unemployment Insurance	4	4	0	0
SSI	3	3	0	0
SSDI	0	0	0	0
Veteran's Disability	0	0	0	0
Private Disability Insurance	0	0	0	0
Worker's Compensation	0	0	0	0
TANF or Equivalent	1	1	0	0
General Assistance	1	1	0	0
Retirement (Social Security)	0	0	0	0
Veteran's Pension	0	0	0	0
Pension from Former Job	0	0	0	0
Child Support	16	15	1	0
Alimony (Spousal Support)	1	1	0	0
Other Source	120	17	103	0

**Show/Hide Percentages**  
**Click save to update form.**

## Q25b2. Cash Income Number of Sources - Stayers

### Instructions:

Report the number of Stayers with no cash income, at least one source of cash income, or cash income sources unknown (Don't Know/Refused or Information missing), based on the income assessment conducted closest to the end of the operating year. Record information separately for adults, children, and persons whose age is unknown.

Stayers - the term "Stayers" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

### Number of Cash-Income Sources Number of Stayers

	Total	Adults	Children	Age Unknown
No Sources	137	11	126	0
1 + Source(s)	53	51	2	0
Don't Know/Refused	0	0	0	0
Information Missing	0	0	0	0
<b>Total</b>	<b>190</b>	<b>62</b>	<b>128</b>	<b>0</b>

**Show/Hide Percentages**  
**Click save to update form.**

## Q26a1. Non-Cash Benefit Sources - Leavers

### Instructions:

Report the number of Leavers with each non-cash benefit source, based on the income assessment conducted at program exit. Record information separately for adults, children, and persons whose age is unknown.

Leaver - The term "Leaver" refers to persons who exited and were not in the program on the last day of the operating year.

### Non-Cash Benefits Number of Leavers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	75	53	22	0
MEDICAID Health Insurance	83	47	36	0
MEDICARE Health Insurance	0	0	0	0
State Children's Health Insurance	0	0	0	0
WIC	4	4	0	0
VA Medical Services	0	0	0	0
TANF Child Care Services	8	8	0	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	1	0	1	0

Show/Hide Percentages  
 Click save to update form.

## Q26a2. Number of Non-Cash Benefits Sources - Leavers

### Instructions:

Report the number of Leavers with no non-cash benefits, at least one non-cash benefit, or non-cash benefits unknown (Don't Know/Refused or Information missing), based on the income assessment conducted at program exit. Record information separately for adults, children, and persons whose age is unknown.

Leaver - The term "Leaver" refers to persons who exited and were not in the program on the last day of the operating year.

### Number of Non-Cash Benefit Sources Number of Leavers

	Total	Adults	Children	Age Unknown
No Sources	70	8	62	0
1 + Source(s)	91	55	36	0
Don't Know/Refused	5	1	4	0
Information Missing	0	0	0	0
<b>Total</b>	<b>166</b>	<b>64</b>	<b>102</b>	<b>0</b>

Show/Hide Percentages  
 Click save to update form.

## Q26b1. Non-Cash Benefit Sources & Stayers

### Instructions:

Report the number of Stayers with each non-cash benefit source, based on the income assessment conducted closest to the end of the operating year. Record information separately for adults, children, and persons whose age is unknown.

Stayer - the term "Stayer" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

### Non-Cash Benefits Number of Stayers

	Total	Adults	Children	Age Unknown
Supplemental Nutritional Assistance Program	37	36	1	0
MEDICAID Health Insurance	38	33	5	0
MEDICARE Health Insurance	2	2	0	0
State Children's Health Insurance	0	0	0	0
WIC	10	10	0	0
VA Medical Services	1	1	0	0
TANF Child Care Services	13	12	1	0
TANF Transportation Services	0	0	0	0
Other TANF-Funded Services	0	0	0	0
Temporary Rental Assistance	0	0	0	0
Section 8, Public Housing, Rental Assistance	0	0	0	0
Other Source	0	0	0	0

Show/Hide Percentages  
 Click save to update form.

## Q26b2. Number of Non-Cash Benefit Sources & Stayers

### Instructions:

Report the number of Stayers with no non-cash benefits, at least one non-cash benefit, or non-cash benefits unknown (Don't Know/Refused or Information missing), based on the income assessment conducted closest to the end of the operating year. Record information separately for adults, children, and persons whose age is unknown.

Stayer - the term "Stayer" refers to persons who were in the program on the last day of the operating year. This includes persons who exited the program and re-entered the program before the last day of the operating year.

### Number of Non-Cash Benefits Sources Number of Stayers

	Total	Adults	Children	Age Unknown
No Sources	132	19	113	0
1 + Source(s)	47	42	5	0
Don't Know/Refused	10	0	10	0
Information Missing	1	1	0	0
<b>Total</b>	<b>190</b>	<b>62</b>	<b>128</b>	<b>0</b>

Show/Hide Percentages  
 Click save to update form.

## Q27. Length of Participation

### Instructions:

Report the number of persons in each length of participation category, recorded separately for Leavers and Stayers. Length of participation should be based on program entry to exit (or the end of the operating year, whichever is first) of their most recent program enrollment, including days stayed in the program prior to the start of the operating year.

Leaver - The term "Leaver" refers to clients who exited and were not in the program on the last day of the operating year.

Stayer - The term "Stayer" refers to clients who were in the program on the last day of the operating year. This includes clients who exited the program and re-entered the program before the last day of the operating year.

Also report the average and median length of participation of all Leavers and all Stayers

### Length of Participation by Exit status Number of Persons

	Total	Leavers	Stayers
30 days or less	28	17	11
31 to 60 days	23	14	9
61 to 180 days	95	35	60
181 to 365 Days	65	30	35
366 to 730 Days (1-2 Yrs)	142	67	75
731 to 1,095 Days (2-3 Yrs)	3	3	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Information Missing	0	0	0
<b>Total</b>	<b>356</b>	<b>166</b>	<b>190</b>

### Average and Median Length of Participation in Days

	<b>Average Length</b>	<b>Median Length</b>
<b>Leavers</b>	334	266
<b>Stayers</b>	298	239

## Q29a1. Destination at Program Exit - Leavers Participating More Than 90 Days

**Instructions:**

Report the number of persons who exited to each destination type. Record the persons who participated in the program, based on the type of household in which they were served.

### Exit Destination - Persons Participating More Than 90 Days Number of Leavers in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	72	0	72	0	0
Rental by client, VASH subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	8	0	8	0	0
PSH for homeless persons	0	0	0	0	0
Living with family, permanent tenure	5	0	5	0	0
Living with friends, permanent tenure	3	0	3	0	0
<b>Subtotal</b>	<b>88</b>	<b>0</b>	<b>88</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter	7	0	7	0	0
Transitional housing for homeless persons	13	0	13	0	0
Staying with family, temporary tenure	4	0	4	0	0
Staying with friends, temporary tenure	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
<b>Subtotal</b>	<b>24</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or group foster care home	4	0	4	0	0
Psychiatric facility	0	0	0	0	0
Substance abuse or detox facility	0	0	0	0	0
Hospital (non-psychiatric)	0	0	0	0	0

Jail, prison, or juvenile detention facility	0	0	0	0	0
<b>Subtotal</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	6	0	6	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>6</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>122</b>	<b>0</b>	<b>122</b>	<b>0</b>	<b>0</b>

## Q29a2. Destination at Program Exit & Leavers Participating 90 Days or Less

**Instructions:**

Report the number of persons who exited to each destination type. Record the persons who participated in the program, based on the type of household in which they were served.

### Exit Destination & Persons Participating 90 Days or Less Number of Leavers in Households

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
<b>Permanent Destinations</b>					
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	1	0	1	0	0
Rental by client, VASH subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
PSH for homeless persons	0	0	0	0	0
Living with family, permanent tenure	3	0	3	0	0
Living with friends, permanent tenure	0	0	0	0	0
<b>Subtotal</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>Temporary Destinations</b>					
Emergency shelter	27	0	27	0	0
Transitional housing for homeless persons	3	0	3	0	0
Staying with family, temporary tenure	0	0	0	0	0
Staying with friends, temporary tenure	0	0	0	0	0
Place not meant for human habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel, paid by client	0	0	0	0	0
<b>Subtotal</b>	<b>30</b>	<b>0</b>	<b>30</b>	<b>0</b>	<b>0</b>
<b>Institutional Settings</b>					
Foster care home or group foster care home	0	0	0	0	0
Psychiatric facility	0	0	0	0	0
Substance abuse or detox facility	0	0	0	0	0
Hospital (non-psychiatric)	0	0	0	0	0

Jail, prison, or juvenile detention facility	0	0	0	0	0
<b>Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Other Destinations</b>					
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	10	0	10	0	0
Information Missing	0	0	0	0	0
<b>Subtotal</b>	<b>10</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>44</b>	<b>0</b>	<b>44</b>	<b>0</b>	<b>0</b>

## Q30a1. SHP Expenditures - Development Costs

**Instructions:**

Report all SHP and cash match expended during this operating year on acquisition, rehabilitation, and new construction for the project.

In the SHP Funds column, list all SHP funds expended during the operating year on each line item.

In the cash match column, list all matching funds expended during the operating year on each line item.

### SHP and Cash Match Expenditures During the Operating Year - Development Costs

Expenditure Type	SHP Funds	Cash Match	Match %	Total Expenditures
Acquisition	\$0.00	\$0.00	0%	\$0.00
Rehabilitation	\$0.00	\$0.00	0%	\$0.00
New Construction	\$0.00	\$0.00	0%	\$0.00
<b>Development - Subtotal</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>0%</b>	<b>\$0.00</b>

## Q30a2. SHP Expenditures - Supportive Services

**Instructions:**

Report all SHP and cash match expended during this operating year on supportive services for the project.

In the SHP Funds column, list all SHP funds expended during the operating year on each line item.

In the cash match column, list all matching funds expended during the operating year on the cash match expended row.

### SHP and Cash Match Expenditures During the Operating Year - Supportive Services

Expenditure Type	SHP Funds	Cash Match	Match %	Total Expenditures
Outreach	\$0.00			
Case management	\$125,009.79			
Life skills (not case management)	\$13,905.00			
Alcohol and drug abuse services	\$0.00			
Mental health services	\$0.00			
AIDS-related services	\$0.00			
Other health care services	\$8,705.55			
Education	\$1,690.00			
Housing placement	\$45,858.26			
Employment assistance	\$29,850.96			
Child care	\$4,617.00			
Transportation	\$4,184.41			
Legal	\$0.00			
Other	\$0.00			
<b>Services - Subtotal</b>	<b>\$233,820.97</b>			
<b>Cash Match Expended</b>		<b>\$61,531.24</b>	<b>21%</b>	<b>\$295,352.21</b>

## Q30a3. SHP Expenditures - HMIS

**Instructions:**

Report all SHP and cash match expended during this operating year on HMIS for the project.

In the SHP Funds column, list all SHP funds expended during the operating year on each line item.

In the cash match column, list all matching funds expended during the operating year on the cash match expended row.

### SHP and Cash Match Expenditures During the Operating Year ¿ HMIS

Expenditure Type	SHP Funds	Cash Match	Match %	Total Expenditures
Equipment (server, computers, printers)	\$0.00			
Software (software fees, user licenses, software support)	\$0.00			
Services (training, hosting, programming)	\$0.00			
Personnel (costs associated with staff)	\$0.00			
Space and operations	\$0.00			
Stipends to agencies	\$0.00			
Other (please specify below)	\$0.00			
<b>HMIS - Subtotal</b>	<b>\$0.00</b>			
<b>Cash Match Expended</b>		<b>\$0.00</b>	<b>0%</b>	<b>\$0.00</b>

## Q30a4. SHP Expenditures & Leasing, Operating, and Administration

**Instructions:**

Leasing, Operating, & Admin Chart:

Report all SHP and cash match expended during this operating year on leasing, operating, and administration costs. Please note that grantees are not required to have matching funds for leasing or administration costs but may enter such cash match if they in fact acquired cash match for those expenses.

In the SHP Funds column, list all SHP funds expended during the operating year on each line item.

In the cash match column, list all matching funds expended during the operating year on operating costs.

Totals Chart:

The totals chart is pre-populated with the subtotals amounts from Q30a1, Q30a2, Q30a3, and Q30a4. Please note that the leasing and administration costs are not included in the cash match calculation in the totals chart because they are not statutorily required. The only way to correct a mistake identified when reviewing this table is to review and correct the source data for in Q30a1, Q30a2, Q30a3, and Q30a4.

### SHP and Cash Match Expenditures During the Operating Year - Leasing, Operating, & Admin

Expenditure Type	SHP Funds	Cash Match	Match %	Total Expenditures
Real Property Leasing	\$115,783.77	\$0.00	0%	\$115,783.77
Operating Costs	\$38,000.00	\$33,146.53	47%	\$71,146.53
Administration	\$17,716.05	\$0.00	0%	\$17,716.05
<b>Leasing, Operating, Admin - Subtotal</b>	<b>\$171,499.82</b>	<b>\$33,146.53</b>		<b>\$204,646.35</b>

### SHP and Cash Match Expenditures During the Operating Year - Totals

Total SHP Expenses	SHP Funds	Cash Match	Match %	Total Expenditures
Development	\$0.00	\$0.00	0%	\$0.00
Supportive Services	\$233,820.97	\$61,531.24	21%	\$295,352.21
Real Property Leasing	\$115,783.77	\$0.00	0%	\$115,783.77
Operating Expenses	\$38,000.00	\$33,146.53	47%	\$71,146.53
HMIS	\$0.00	\$0.00	0%	\$0.00
<b>SHP Expenses - Subtotal</b>	<b>\$387,604.74</b>	<b>\$94,677.77</b>		<b>\$482,282.51</b>
Administration	\$17,716.05	\$0.00	0%	\$17,716.05
<b>Total Expenses</b>	<b>\$405,320.79</b>	<b>\$94,677.77</b>		<b>\$499,998.56</b>

## Q34. Percent HUD McKinney-Vento Funding

**Instructions:**

Report what percentage the HUD SHP, S+C or SRO funding is in your entire program budget (services, leasing, operating and administration). Note: this question is asking you to relate the HUD funds to the full program budget, not to the full agency budget.

**What percentage of this project's annual budget (services, leasing, operation, HMIS, administration) is represented by HUD McKinney-Vento funding?** 81%

## **Q40. Significant Program Accomplishments**

**Please describe any significant accomplishments achieved by your program during the operating year.  
Maximum Characters: 2000**

Utilizing the 2010 application Performance Measures, the CASA II for Families program is meeting and exceeding current goals in housing and income, which is a significant accomplishment during the current economic environment. These new Performance Measures will allow us to work closely with program Sponsors to potentially increase program outputs and outcomes. The program has become a key component of the Continuum of Care's Strategic Planning process, bringing about discussions on how to use HMIS data to better plan for client outcomes. In addition, agencies serving families are now looking closely at a centralized intake process to prioritize families in most need, instead of serving on a first come, first served basis. Continued progress has been made in the collection of more accurate HMIS data and the use of this information relative to other data such as HDX. Creation of this APR has generated even more perspective around the importance of all data being entered accurately and for all clients served.

## Q42. Additional Comments

**Please provide any additional comments on other areas of the APR that need explanations, such as a difference in anticipated and actual program outputs or bed utilization.**

Maximum Characters: 2000

## Submission Certification

**Instructions:**

Before submitting your APR, an authorized grantee official must certify that the statement below is true by placing a check mark in the box. Your APR will not be reviewed if the check mark is not completed.

**Name of Authorized Grantee Official:** Margaret Kish  
**Title/Position:** Director, Community Development & Neighborhood Conservation

**I hereby certify that all the information stated herein is true and accurate. I understand that HUD will prosecute false claims and statements and that conviction may result in criminal and/or civil penalties (pursuant to 18 USC 1001, 1010, 1012; 31 USC 3729, 3802).**

**Check for Certification:**

## Submission Summary

Part	Last Updated
<b>Confirmation of CoC APR Requirement</b>	11/29/2011
<b>Q1. Contact Information</b>	11/29/2011
<b>Q3. Project Information</b>	11/29/2011
<b>Q4. Site Information</b>	11/29/2011
<b>Q5. Bed &amp; Unit Inventory</b>	11/29/2011
<b>Q6. HMIS Bed Participation</b>	11/29/2011
<b>Q7. Data Quality</b>	11/29/2011
<b>Q8. Persons Served</b>	11/29/2011
<b>Q9. Households Served</b>	11/29/2011
<b>Q10+Q11. Utilization Rates</b>	11/29/2011
<b>Q15a1. Gender - Adults</b>	No Input Required
<b>Q15a2. Gender - Children</b>	No Input Required
<b>Q15a3. Gender - Missing Age</b>	11/29/2011
<b>Q16. Age</b>	11/29/2011
<b>Q17a. Ethnicity/Race - Ethnicity</b>	11/29/2011
<b>Q17b. Ethnicity/Race - Race</b>	11/29/2011
<b>Q18a. Condition Type @ Entry</b>	11/29/2011
<b>Q18b. Condition No @ Entry</b>	11/29/2011
<b>Q19. DV Experience</b>	No Input Required
<b>Q20a1. Prior Residence - Homeless</b>	No Input Required
<b>Q20a2. Prior Residence - Institutional</b>	No Input Required
<b>Q20a3. Prior Residence - Other</b>	No Input Required
<b>Q21. Veteran Status</b>	11/29/2011
<b>Q22a1. Condition Type - Leaver @ Exit</b>	11/29/2011
<b>Q22a2. Condition No. - Leaver @ Exit</b>	11/29/2011
<b>Q22b1. Condition Type - Stayers</b>	11/29/2011

<b>Q22b2. Condition No. - Stayers</b>	11/29/2011
<b>Q23. Cash-Income - @ Entry &amp; Exit</b>	11/29/2011
<b>Q24. Cash-Income - @ Entry &amp; Last</b>	11/29/2011
<b>Q25a1. Cash-Income Sources - Leavers @ Exit</b>	11/29/2011
<b>Q25a2. Cash-Income No. - Leavers @ Exit</b>	11/29/2011
<b>Q25b1. Cash Sources - Stayers</b>	11/29/2011
<b>Q25b2. Cash-Income No.- Stayers</b>	11/29/2011
<b>Q26a1. Non-Cash Sources - Leavers @ Exit</b>	11/29/2011
<b>Q26a2. Non-Cash No. - Leavers</b>	11/29/2011
<b>Q26b1. Non Cash - Stayers</b>	11/29/2011
<b>Q26b2. Non-Cash Benefits No. ¿ Stayers</b>	11/29/2011
<b>Q27. Length of Participation</b>	11/29/2011
<b>Q29a1. Destination</b>	No Input Required
<b>Q29a2. Destination</b>	No Input Required
<b>Q30a1. SHP Financial - Development</b>	No Input Required
<b>Q30a2. SHP Financial - Services</b>	No Input Required
<b>Q30a3. SHP Financial - HMIS</b>	11/29/2011
<b>Q30a4. SHP Financial - All Other</b>	No Input Required
<b>Q34. All Financial - % of HUD</b>	11/29/2011
<b>Q40. Performance - Accomplishments</b>	11/29/2011
<b>Q42. Additional Comments</b>	No Input Required
<b>Submission Certification</b>	11/29/2011