

Child Services Coordinator Grant Program

Fiscal Year 2005-06 Quarterly Reporting Instructions

Electronically submit reports via E-mail to: HHAunit@dhcd.virginia.gov by the 10th of the month following the end of the quarter.

TANF-Eligible families consist of a child living with a custodial parent or other adult caretaker relative with income not to exceed 200 % of the federal poverty level. (As published by the U.S. Department of Health and Human Services. Available at <http://www.hhs.gov>. Enter “poverty guidelines” in the Search box.)

Children, who are a member of a family that is not TANF-Eligible, are considered “other children” for the purposes of this report.

When you enter the number in the cell, it will be added automatically.

- List your agency name across the top by “Organization”
- Where it says, “Quarter covered by this report, type in the quarter number in the box to the right.
- Indicate the type of shelter for which this report applies. If your agency operates both emergency and transitional program, separate reports should be filed for each facilities.

Item #1 Number of New Children

- Enter the number of the **new** children who entered the program and received services from the Child Services Coordinator for the first time this fiscal year.

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Item #1A Number of Children in #1 that are 5 or over

- Enter the number of the **new** children who entered the program and received services from the Child Services Coordinator for the first time this fiscal year that were age 5 or over.

Item # 2 Health Services

- Enter the total number of children who received a medical assessment from a trained health care professional and/or any necessary follow-up treatment including immunization or inoculation during a fiscal year.
- **An unduplicated count is needed.** Enter a child only on the first time they receive a service during a fiscal year even if they have had a seen the health care professional several times. Do not enter the child if they have counted as having received service in **this category** in a previous quarter.

Item #3 Mental Health Services

- Enter the number of children who received a mental health screening, assessment or counseling/treatment services by a qualified mental health professional during the year.
- **An unduplicated count is needed.** Enter a child only on the first time they receive a service during the fiscal year, even if he/she has been seen by a mental health professional several times during the year. Do not enter the child if they have counted as having received service in **this category** in a previous quarter. If a child

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received Health Services (#2) in a previous quarter and receives mental health services in this quarter, count the service in Item #3. Do not recount the child in Item #1.

Item #4 Educational Services

- Enter the number of children who received assistance entering a new school or received essential educational testing, supportive services or transportation for the first time this year.
- **An unduplicated count is needed.** Enter a child only on the first time they receive a service during the fiscal year, even if he/she has received more than one form of educational assistance. If a child may have received services under Item #1 or #2 in a previous quarter, but this is the first time an educational service has been provided, count the service in Item #4. Do not recount the child in Item #1.

Item # 5 Total Service Contacts

Do not enter any number in these boxes. Totals will calculate automatically.

Please do not make copies of the reporting form by using the copy/paste function to another worksheet. This will remove the protection of formulas in certain cells and may cause errors as we combine your report with others. Download the report to your computer and “save as” *2005-05 Quarterly Report*. After completing the quarterly report, use “save as” again but this time use your agency name and the quarter for which the report applies. An example would be: YWCA-Emergency CSCG-1st Quarter 2005. This will keep the original form intact and save a copy of the submitted report for your files.

After saving the report, use E-mail to send the report to HHAAunit@dhcd.virginia.gov and attach the CSCG report for that quarter. Use report name in subject line. An example would be: YWCA-Emergency CSCG-1st Quarter 2005.