

Child Care for Homeless Children Program Fiscal Year 2009

Quarter _____ (Access list by clicking on the cell to left)

Agency: _____

Address: _____

Facility Type: _____ (Emergency, Domestic Violence, Transitional)

NOTE: A SEPARATE REPORT MUST BE SUBMITTED FOR EACH TYPE FACILITY

Person Completing Report: _____

Phone Number: _____

Email: _____

Grant Number: _____

All households receiving services should be those at or below 200% of the federal poverty guidelines

1. Number of new households served**		** On July 1, 2008, all households in residence are considered NEW for fiscal year 2009.
One Parent		
Two Parent		
Total New Households		0
2. Number of new households served that have received homeless shelter services previously within the current fiscal year.		
3. Number of children provided childcare in the household(s) indicated in #1		
4. Ages of new children served in #3		
0-4 years old		
5-9 years old		
10-12 years old		
13-18 with disabilities		
Total New Children		0
5. Race of new children indicated in #3		
White		
Black/African American		
Asian		
American Indian/Alaska Native		
American Indian/Alaska Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaska Native & Black/African American		
Native Hawaiian/ Other Pacific Islander		
Other Multi-Racial		
Total New Children		0
6. New children assessed as handicapped in #3		
7. Types of income/assistance for new households (check all that apply-indicates source not income)		
Wages/Salary		
TANF (Cash Assistance)		
TANF (Assistance through Vendors)		
Child Support		
Medicare/Medicaid		
EBT/Food Stamps		
General Relief		
Social Security		
Soc. Sec. Disability Income		
Unemployment Benefits		
Other Disability		
Housing Subsidy		
Other		
8. Status of new households served at end of this quarter		

Parent(s) Employed	
Parent(s) in Education	
Total	0
EXITING HOUSEHOLDS DURING THIS QUARTER	
9. Housing status of households exited this quarter	
Temporary	
Other Homeless Shelter	
Transitional Housing (30 days to 2 years)	
Family/Friends	
Sub-total	0
Permanent	
Supportive Housing (2 years or longer)	
Section 8/Housing Choice Vouchers	
Public Housing	
Market Rate Rental	
Other	
Sub-total	0
Unknown or not available	
Total Households Exited this Quarter	0
10. Employment/ educational enrollment status of households exited this quarter	
Maintained Employment (count only those where parent employed at the start of CCHCP services)	
Maintained Educational Enrollment Status (count only those where parent employed at the start of CCHCP services)	
Gained Employment (for those in educational programs)	
Lost Employment or Educational Enrollment (count only those where parent employed/ enrolled at the start of CCHCP services)	
Other/Unknown	
Total Number of Households Exited	0
11. Number of days households stayed in shelter before exiting	

Reports are due by: October 10, 2008 (for reporting period 7/1/08-09/30/08), January 10, 2009 (for reporting period 10/01/08-12/31/08), April 10, 2009 (for reporting period 01/01/09- 03/31/09) and July 10, 2009 (for reporting period 04/01/09-06/30/09)

Submit reports electronically to HSNH@dhcd.virginia.gov and cc DHCD Program Administrator

Important Notice: Please do not make copies of the worksheet, as it will remove the protection on certain fields and may cause errors in future months. To keep the original form, just "save as" using agency name-CCHCP (quarter). An example would be: ABCShelter-CCHCP-2nd Quarter 2009. This will allow you to reuse the original version each month. Another option is to download a new form each month from www.dhcd.virginia.gov.

DHCD Use Only:
Received:
Program Administrator:

Processed: