

Child Services Coordinator Grant Fiscal Year 2009 Quarterly Rep

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

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

Address: _____
 Quarter: _____ (Enter 1, 2, 3, 4)
 Grant Number: _____
 Person Submitting Report: _____
 Email: _____
 Telephone: _____

***TANF-Eligible Households: ANY household with children at or below 200 percent of Federal Poverty Guidelines as set by the Department of Health and Human Services**

Count only those children receiving any service for the FIRST time this quarter	TANF-Eligible Children*	Other Children	Total
1. Number of NEW children receiving services this quarter **			0
2. Number of new children over the age of 5 receiving services this quarter			0
3. Total number of children receiving services (established and new)			0
	TANF-Eligible Children Assisted	# of Other Children Assisted	Total
4. Health Services	<i>Count children who received this service for the first time this quarter</i>		
Physical Health Screenings completed on all new children this quarter			0
Physical Health Screening completed on new children over the age of 5			0
5. Mental Health Services	<i>Count children who received this service for the first time this quarter</i>		

Mental Health Screening conducted on all new children this quarter			0
Mental Health Screening conducted on new children over the age of 5			0
6. Educational Services	Count children who receive this type of service for the first time in this quarter		
School aged educational screening conducted on new children this quarter			0
Pre school aged educational screenings conducted on new children this quarter			0

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

Submit ONE report for each type of shelter: Emergency, Domestic Violence, Transitional)

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-CSCG (quarter). An example would be: ABCShelter-CSCG-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:

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** On July 1, 2008,
all households in
residence are
considered NEW for
fiscal year 2009.

