

SSG & ESG Fiscal Year 2009 Quarterly Report

Agency: _____
 Program Type: please select from list (Click cell to access pull down menu)
PLEASE SUBMIT A SEPARATE REPORT FOR EACH TYPE FACILITY
 Address: _____
 Quarter: _____ (Click cell to access pull down menu)
 Grant number(s): _____
 Type of Grant: _____ (Click cell to access pull down menu)
 Person Submitting Report: _____ Telephone: _____
 Email : _____

***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**

On July 1, 2008, all households in resi are considered NEW for fiscal y

	TANF-Eligible Households*	All Other Households	Total
1. Total NEW households this quarter (Households may consist of one or more persons. Each unaccompanied person represents a separate household and should be included as such.)			0
2. Type of New Households	TANF-Eligible Households*	All Other Households	Total
Household Composition			
Unaccompanied Adult Men			0
Unaccompanied Adult Women			0
Single Parent-Male Head of Household			0
Single Parent-Female Head of Household			0
Two-Parent Family			0
Adult Couple Without Children			0
Other			0
Total for Quarter (should equal totals in #1)	0	0	0
3. Race of Heads of New Households			Total
White			0
Black/African American			0
Asian			0
American Indian/Alaska Native			0
American Indian/Alaska Native & White			0
Native Hawaiian/ Other Pacific Islander			0
Asian & White			0
Black/African American & White			0
American Indian/Alaska Native & Black/African American			0
Other/Multi-Racial			0
Total for Quarter (Should equal totals in #1)	0	0	0
4. Hispanic Heads of New Household			Total
Yes			0
No			0
Total for Quarter (should equal totals in #1)	0	0	0
5. For New Households: Has the household experienced the following within the past 12 months? (check all that apply)	TANF-Eligible Households*	All Other Households	Total
Eviction (rental)			0
Foreclosure (former homeowner)			0
Living with Family or Friends			0
Domestic Violence			0
Loss of income			0
Serious Illness (including mental illness and/or addiction)			0
Total for Quarter	0	0	0
6. Sources of Referrals of New Households	TANF-Eligible Households	All Other Households	Total
Department of Social Services			0
Mental Health Agency			0
Police			0
Hospital			0
Emergency Shelter			0
Community Service Agency			0
Family/Friend			0
Faith-based/Church			0
Self-Referral			0
Transitional Housing			0
Other			0
7. Sources of Income for New Households at Intake (check all that apply, indicate source, not amount)	TANF-Eligible Households*	All Other Households	Total
Wages/Salary			0
TANF (Cash Assistance)			0
TANF (Non-cash assistance through Vendors)			0
Child Support			0
Medicare/Medicaid			0
EBT/ Food Stamps			0
General Relief			0
Social Security			0
Soc. Sec. Disability Income/SSI			0
Unemployment Benefits			0
Other Disability			0
Housing Subsidy			0
Veterans Benefits			0
Other			0

8. Number of New PERSONS (this quarter)				Total
Male				0
Female				0
Total for Quarter (all new persons in all households)	0	0		0
9. Age of New Persons				Total
0-4				0
5-12				0
13-17				0
18-61				0
62 or older				0
Total for Quarter (should equal totals in #8)	0	0		0
10. New Persons - Veterans (this quarter)				0
11. New Persons - Defined as Chronic				Total
	Females	Males		
An unaccompanied homeless individual with a disabling condition who has either been homeless for a year or more OR has had at least four (4) episodes of homelessness Disabling condition is defined as "a diagnosable substance developmental disability, or chronic physical disability, or a combination of more than one of these conditions." - 24 CFR 578.201 place not				0
	Children (up to age 18)	Adults (18 or older)		
12. Total number of bed nights provided to ALL persons served in this quarter (individuals in existing and new households)				0
13. Number of Persons Turned Away (this quarter)				Persons
Reason				
Lack of Bed Space				
Mental Illness				
Drug Addiction				
Agency doesn't serve demographic (i.e. families in single adult shelter)				
Mental Retardation				
Intoxication				
Physical Handicap				
Other				
Total for Quarter	0			
14. All Sources of Income for those households that exited this quarter (check all that apply - indicate source not amount)				Total
	TANF-Eligible Households	All Other Households		
Wages/Salary				0
TANF (Cash Assistance)				0
TANF (Non-cash assistance through Vendors)				0
Child Support				0
Medicare/Medicaid				0
EBT/Food Stamps				0
General Relief				0
Social Security				0
Soc. Sec. Disability Income/SSI				0
Unemployment Benefits				0
Other Disability				0
Housing Subsidy				0
Veterans Benefits				0
Other				0
15. Housing Placement at Exit (# of households)				Total
	TANF-Eligible Households	Other Households		
Temporary				
Other Homeless Shelter				0
Transitional Housing				0
Family/Friends				0
Other				0
Subtotal	0	0		0
Permanent				
Supportive Housing				0
Section 8/Housing Choice Vouchers				0
Public Housing				0
Market Rate Rental				0
Other				0
Subtotal	0	0		0
Unknown or not available				0
Total Exited for Quarter	0	0		0

If household is exiting to family/friend permanent basis, indicate by the "permanent housing"

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 1/1/09-3/31/09)

Submit reports electronically to HSNH@dchcd.virginia.gov and cc DHCD Program Administrator
Submit ONE report for each type of shelter: Emergency, Domestic Violence, Transitional, Day, Seasonal

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. Please "save as" using agency name-SSG (quarter). An example would be: ABCShelter-SSG-2nd Quarter 2009. This will allow you to download a new form each quarter.

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