





**Please complete the following two tables with projected (P) and actual (A) numbers of people served:-**

*\* Please include in the “P” column the projected numbers for the entire grant year and in the “A” column the accumulated numbers to date from the start of your grant year.*

**Households with Dependent Children**

	Total Persons		Chronically Homeless Non-Veterans		Chronically Homeless Veterans		Non-Chronically Homeless Veterans		Chronic Substance Abuse		Persons with HIV/Aids		Severely Mentally Ill		Victims of Domestic Violence	
	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A
Disabled Adults over age 24																
Non-Disabled Adults over age 24																
Disabled Adults ages 18 - 24																
Non-Disabled Adults ages 18 - 24																
Disabled Children under age 18																
Non-Disabled Children under age 18																
Total # of Adults																
Total # of Children																
Total # of Persons																

**Households without Dependent Children**

	Total Persons		Chronically Homeless Non-Veterans		Chronically Homeless Veterans		Non-Chronically Homeless Veterans		Chronic Substance Abuse		Persons with HIV/Aids		Severely Mentally Ill		Victims of Domestic Violence	
	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A
Disabled Adults over age 24																
Non-Disabled Adults over age 24																
Disabled Adults ages 18 - 24																
Non-Disabled Adults ages 18 - 24																
Disabled Children under age 18																
Non-Disabled Children under age 18																
Total # of Adults																
Total # of Children																
Total # of Persons																

**Enter the percentage of homeless persons (children & adults) who have been served to date from the start of your grant year from each of the following locations. (Note: Only include clients who have entered the program since the start of the grant year)**

Location participants are coming from:	% who have been served to date during your grant year
Directly from the street or other location not meant for human habitation.	
Directly from emergency shelters.	
Directly from safe havens.	
From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.	
Persons at imminent risk of losing their night time residence.	
Homeless persons as defined under other federal statutes.	
Persons fleeing domestic violence.	
<b>Total of above percentages:</b>	

**Enter the length of participation for all clients (children & adults) served to date from the start of your grant year. (Note: Include clients who were already in the program at the start of the grant year).**

	<b>Total</b>	<b>Leavers</b>	<b>Stayers</b>
<b>30 days or less</b>			
<b>31 to 60 days (1-2 months)</b>			
<b>61 to 180 days (2 - 6 months)</b>			
<b>181 to 365 days (6 - 12 months)</b>			
<b>366 to 730 days (1 - 2 years)</b>			
<b>731 to 1,095 days (2 - 3 years)</b>			
<b>1,096 to 1,460 days (3-4 years)</b>			
<b>1,461 to 1,825 days (4 - 5 years)</b>			
<b>More than 1,825 days (&gt;5 years)</b>			
<b>Information Missing</b>			
<b>Total</b>			

**Enter the destination at exit for all clients (children & adults) exiting your program to date from the start of your grant year. (Note: Include clients who were already in the program at the start of the grant year).**

	<b>Total</b>	<b>Without Children</b>	<b>With Adults and Children</b>	<b>With Only Children</b>
<b>Permanent Destinations</b>				
Owned by client, no ongoing subsidy				
Owned by client, with ongoing subsidy				
Rental by client, no ongoing subsidy				
Rental by client, VASH subsidy				
Rental by client, other ongoing subsidy				
Permanent Supportive Housing				
Living with family, permanent tenure				
Living with friends, permanent tenure				
SUBTOTAL				
<b>Temporary Destinations</b>				
Emergency shelter				
Transitional housing for homeless persons				
Staying with family, temporary tenure				
Staying with friends, temporary tenure				
Place not meant for human habitation				
Safe Haven				
Hotel or Motel paid by client				
SUBTOTAL				
<b>Institutional Settings</b>				
Foster care home or group foster care home				
Psychiatric facility				
Substance abuse or detox facility				
Hospital (non-psychiatric)				
Jail, prison, or juvenile detention facility				
SUBTOTAL				
<b>Other destinations</b>				
Deceased				
Other				
Don't know/Refused				
Information Missing				
SUBTOTAL				
<b>TOTAL</b>				

**Please provide the following information about adult participants, 18 years and over, who exited the program to date from the start of the grant year. (Note: Include participants who were in the program at the start of the grant year.):**

	# of participants
Exited the program	
Exiting participants who entered with employment income	
Exited with employment income	
Exited with an increase in employment income	
Exited with a decrease in employment income	
Exiting participants who were already enrolled in school or job training program when they entered your program	
Exiting participants who began school or job training program while in your program	
Exiting participants who completed school or job training program while participating in program	
Exiting participants who were still enrolled in school or job training program at exit from your program	

**Please provide the following information about participants, both adults and children, who exited the program to date from the start of the grant year. (Note: Include participants who were in the program at the start of the grant year.)**

	# of participants
Exited the program	
Exiting participants who entered with cash income from sources other than employment	
Exited with cash income from sources other than employment	
Exited with an increase in cash income from sources other than employment	
Exited with a decrease in cash income from sources other than employment	
Exiting participants who entered with non-cash benefits	
Exited with non-cash benefits	
Exited with an increase in non-cash benefits	
Exited with a decrease in non-cash benefits	

\_\_\_\_\_  
**(Signature of recipient)**

\_\_\_\_\_  
**(Date)**

*This form must be submitted to the Stark County Regional Planning Commission by the 15th of the month following the period being reported;  
The first report is accumulative of the first four months following your grant start date.  
The second report is accumulative of the first eight months following your grant start date.*

For SCRPC use only.

SCRPC follow-up – Concerns or items that should be addressed:

\_\_\_\_\_  
**Date received by RPC**

\_\_\_\_\_  
**Date approved by RPC**

\_\_\_\_\_  
**Signature of RPC**