**FY24 Permanent Supportive Housing (ACT) Grant**

**Quarterly Report**

**To:** DOH Finance & Management Services, Grants & Contracts Section

**Attention Grant Administrator**: Click or tap here to enter text.

**Date**: Click or tap to enter a date.

**Organization**: Click or tap here to enter text.

**Grant Number**: Click or tap here to enter text.

**Form Submitted by**: Click or tap here to enter text.

**Quarter (choose one)**: Choose an item.

The checklist below will help ensure your organization’s quarterly report submission contains all necessary reports and appropriate documentation.

[ ]  **Cumulative Financial Report** (CFR) for the quarter

[ ]  **Program Report**

[ ]  **AKAIMS quarterly summary**

**Instructions**: Please provide a complete response to each question. The response should provide a detailed description for the specific grant funded program versus a broad overview of the organization. Each response should be relevant to this quarter and not contain information already provided in past quarterly reports, unless providing a status update.

Please describe any challenges or barriers encountered this quarter. Provide a description of how the program has been (or will be) impacted. Please include any actions taken to address challenges. Click or tap here to enter text.

Please describe successes achieved this quarter. Click or tap here to enter text.

Number of new individuals formally enrolled this quarter:   Click or tap here to enter text.

Number of individuals served (those being actively served, those engaged through outreach, as well as those newly enrolled) this quarter: Click or tap here to enter text.

Total number of unduplicated individuals being served from the start of fiscal year to end of current quarter: Click or tap here to enter text.

Total staff (FTE) in program: Click or tap here to enter text.

Ratio of staff to clients served this quarter: Click or tap here to enter text.

Number of clients that received outreach and engagement services: Click or tap here to enter text.

Number of previously enrolled clients who dropped out of the program. Please describe why they dropped out of services: Click or tap here to enter text.

Number of clients currently placed in permanent and stable housing. Please indicate if this is assisted living homes or independent apartments: Click or tap here to enter text.

Number of clients currently residing in unstable housing: Click or tap here to enter text.

Number of clients that received psychotherapy services: Click or tap here to enter text.

Number of clients that received wellness self-management and relapse prevention services: Click or tap here to enter text.

Number of clients that received integrated dual disorders treatment for substance use disorder: Click or tap here to enter text.

Number of clients that received education or vocational services: Click or tap here to enter text.

Number of clients that obtained competitive, integrated employment: Click or tap here to enter text.

Number of clients that received psychiatric rehabilitation and assistance with activities of daily living services: Click or tap here to enter text.

Number of clients that received assistance accessing mainstream benefits (e.g., SSI, APA)? Click or tap here to enter text.

Number of clients that received access to primary care services: Click or tap here to enter text.

Number of clients that received peer support services: Click or tap here to enter text.

Program cost per client for this quarter: Click or tap here to enter text.

Program cost per client from start of the grant to the end of this quarter: Click or tap here to enter text.

How many outside contacts did you have with natural supports to benefit the client’s recovery? Click or tap here to enter text.

How many clients currently have a guardian, conservatorship, or representative payee? What are you doing to decrease this legal authority with the client, i.e., teaching money management, budgeting skills, decision making, etc. Click or tap here to enter text.

How many individuals have been incarcerated for any period of time in the last 90 days? Click or tap here to enter text.

How many individuals were on probation or parole this quarter? Click or tap here to enter text.