**FY24 Projects for Assistance in Transition From Homelessness (PATH)**

**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 (check 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

**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.

Please describe outreach efforts conducted this quarter to find and engage people who are literally homeless and who were not previously engaged in the mental health system. Active outreach is defined as face-to-face interaction with literally homeless people in streets, shelters, under bridges, and in other nontraditional settings. Click or tap here to enter text.

Number of outreach contacts: Click or tap here to enter text.

Number of individuals enrolled into PATH services: Click or tap here to enter text.

Number of individuals enrolled into PATH program receiving case management services: Click or tap here to enter text.

Number of individuals transitioned to community mental health services: Click or tap here to enter text.

Number of SSI/SSDI applications that were submitted for individuals who are enrolled in PATH: Click or tap here to enter text.

Number of individuals linked to permanent supportive housing prior to closure of PATH services: Click or tap here to enter text.

What supports did you provide that enhanced the quality of the participants life, i.e., helped access food banks, linked to medical services, etc. Click or tap here to enter text.

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

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

Any technical assistance needs related to the PATH program: Click or tap here to enter text.