Semi-Annual Performance Report

Multifamily Housing

Service Coordinator Program

U.S. Department of Housing and Urban Development

Office of Housing

Federal Housing Commissioner

OMB Approval No. 2502-0447
(exp. 09/30/2013)

Public reporting burden for this collection of information is estimated to average X hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information and you are not required to complete this form, unless it displays a currently valid control number.

Instructions: See pages 3 - 5 for detailed instructions.

1. Reporting Period

Oct. 1 - Mar 1, 20___

Apr. 1 - Sept. 30, 20___

2. Service Coordinator Information

Name:

Phone w/ area code:

Hire date: _____/_____/_____

Email address:

Number of weekly hrs at project:

3. Source of funds for Service Coordinator   (check all that apply)

Debit Service Savings	Residual Receipts	Project Rental Assistance Project (PRAC)
Grant- Provide no.	Section 236 Excess Income	Section 8 Operating Funds

4. Project Information

Project Name

Street Name, City, State, and Zip code

# of Units   # of Residents

5. Neighbors Served.   Number of low-income elderly or people with disabilities who live in the neighborhood and whom you assisted durng the reporting period.

a. Resident Age Ranges

Age 18-61 (i.e., non-elderly people w/disabilities) ☐   Age 62-80 ☐   Age 81-95 ☐   Over 96 ☐   Total ☐

b. Residents Functional Status

Type	Number of Project Residents	% of Total	Number of SC Assisted During Reporting Period
Frail Elders			
At Risk Elders			
Non-elders			
All others			
Total			

c. Neighbors Served

Number of low-income elderly or people with disabilites who live in the neighborhood and whom you assisted during the reporting the period.

d. First Timers

Number of individuals whom you assisted for the first time during this reporting period.

New move ins   Neighborhood residents

All other project residents

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6. Type of Service Coordination Performed

(For each service, provide the number of project and neighborhood residents whom you assisted and number of contacts you made.
Count the individuals only once, but provide the total numer of contacts for each individual.

Service/Activities	# Individuals	# Contacts
Advocacy		
Assessments		
Benefits/Entitlements		
Case Management		
Conflict Resolution		
Crisis Intervention/ Support Counseling		
Education/Employment		
Fair housing and Civil Rights assistance		
Family Support		
General Info/Referral		
Health Care Services		
Home Management		
Homemaker		
Isolation Intervention		

Service/Activities	# Individuals	# Contacts
Legal Assistance		
Lease Education		
Meals		
Mental Health Services		
Monitoring Services		
Outreach		
Resident Councils		
Substance Abuse		
Tax preparation services		
Transfer to Alternative Housing		
Translation/Interpretation		
Transportation		
Other (specify)		

7. Aging in Place Statistics for Residents Who Moved Out of the Project During the Reporting Period.

Move-Out Reasons	This Reporting Period	Last Reporting Period
Number of residents who died		
Number of residents who moved to a higher level of care		
Number of residents who moved in with family		
Number of residents evicted		
Other		
Total number of move-outs		

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8. Time Allocation of Monthly Tasks (List approximate % of time per month you performed these tasks. Sum of all should equal 100%)

Contact with outside service provides   %   Paperwork not related to residents   %

Direct contact with project and neighborhood residents   %   Researching available spaces   %

Documentation of resident files   %

                                                  Meetings with property management staff   %

Other   %

Total 100%

Please respond to the following items 9-14 by attaching additional pages.

9. Professional Training Duration (hours or days)

List the training programs you attended during this reporting period. Provide the name of the training provider and program, its location, number of hours, and the number of continuing education hours earned.

10. Educational / Preventative Health Programs

List the programs you implemented for project and/or neighborhood residents during this reporting period.

11. Fundraising

Fundraising activities are optional, but if you have engaged in any activities during the reporting period, please list them.

12. Community Engagement

List meetings or visits with community partners and attendance at or planning of community events that encourage interaction between the community and project residents.

13. Resident Problems / Issues

Provide anecdotes (no more than two paragraphs each) describing two resident issues with which you were involved during this reportting period.

14. Additional Information

Provide any other information relevant to the administration and performance of the Service Coordinator Program. Provide any recommended "Best Practices" you have found to be effective in providing service coordination and promoting independent living for residents.

Service Coordinator's Name _____   Date _____

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Instructions for Completing Form HUD-92456 General:

Service Cordinators whose positions are paid by any of the funding sources listed in item #3 must submit this Report. Service Coordinators must fill out the form respond to all questions on the report, provide their name and the date the report is completed at the end of the form.

Multiple Service Coordinators, Projects, and Grants

* If one project has multiple Service Coordinators, each Service Coordinator should submit his/her own report.
* If one Service Coordinator serves multiple projects, submit one report per project. You may submit one form per project, providing data for items1 through 8. You may attach just one text document responding to items 9 through 14.
* If one Service Coordinator position is supported by two or more grants at one project, submit one report and include all grant numbers in item 3.
* If a Service Coordinator leaves his/her job during a reporting period, he or she must, to the extent possible, complete a performance report for the time worked during that reporting period. If a new Service Coordinator starts during the same reporting period, he or she should similarly complete a report for the time worked during that reporting period. The Service Coordinator who finishes out the reporting period must send both reports to HUD, to provide data for the entire reporting period.

Method of Submission

It is preferred that you complete items 1 through 8 on the form on your computer and create a text file that contains brief responses to items 9 through 14. Email both files together in one email to your representative in the HUD field office that services your project. If you are unable to create or email electronic files, you may complete and submit a hard paper copy to your local HUD representative.

Specific Instructions for Each Item:

1. **Reporting Period:** All Service Coordinators must submit this Report according to the Federal Fiscal Year dates. The reporting periods are October 1 through March 31 and April 1 through September 30. Your Report is due to your local Field Office 30 days after the end of the reporting period, i.e. April 30 and October 30, respectively. Fill in the two-digit year on March 31 or September 30.

2. **Service Coordinators Information.** Enter your name, phone number, and email address. Provide the month and year you started in this position. Indicate the number of hours you work each week at the project listed in item #4.

3. **Source of Funds for the Service Coordinator.**
Indicate all sources of HUD funding that are used to pay for your position. Many projects do use a combination of sources.
* If your position is supported by a HUD grant, check the "Grant" box and provide the grant number(s). The middle four digits of this number must begin with: "C93", "C94", "CS", OR "HS". An example is OK56HS02002. Do not provide your project's Section 8 number (e.g. OK56H789021).
* Check "Debt Service Savings", "Residual Receipts", or "Section 236 Excess Income if your local HUD office has approved the use of thses funds for the Service Coordinator program.
* Check "Section 8 or Section 202 PRAC operating funds" if your local HUD office has approved the Service Coordinator as an on-going permanent expense in your project's operating budget.
* Check multiple boxes if you use two or more HUD sources of funds to pay for your program. For example, many programs are supported by a combination of grant funds and residual receipts or grant funds and Section 8 funds.

4. **Project Information.** Provide the name and address of the property where you work. Give the total number of units (i.e. apartments) in the project and the total number of residents. Remember that if you serve two or more projects you must complete a separate report for each project.

5. **People Served**

5a. Resident Age Ranges. Provide number of residents in each age category. The total of the four categories should match the number of residents provided in item #4.

5b. Residents' Functional Status. Provide the estimated number of frail, at-risk, and well elderly (aged 62+) and the number of non-elderly people with disabilities. (aged 18-61). The "All others" line refers to the "Well" elderly.

   Indicate the number of residents in each category whom you assisted in any way duirng the reporting period. Do not count residents twice. Regardless of the amount of time spent assisting one resident, only count that individual once. The total of the four categories in the "Number of Project Residents" column should match the number of resident provided in tem #4.

   A "Frail" elder is someone who has difficulty performing three or more Activities of Daily Living (ADLs). An "At-risk" elder is one who has difficulty performing one or two ADLs. ADL deficiencies do not appy to non-elderly people with disabilities.

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HUD's definition of ADLs includes eating, dressing, bathing, grooming, and transferring, as further described below:

(1) Eating--may need assistance with cooking, preparing, or serving food, but must be able to feed self;

(2) Bathing--may need assistance in getting in and out of the shower or tub, but must be able to wash self;

(3) Grooming--may need assistance in washing hair, but must be able to take care of personal appearance;

(4) Dressing--must be able to dress self, but may need occasional assistance;

(5) Transferring---actions such as going from a seated to standing position, getting in and out of bed, and using the toilet.

5c. Neighobors Servied. Provide the number of low-income elderly or people with disabilities who live in the neighborhood whom you assisted during the reporting period (if any). Working with neighborhood residents is optional. HUD is interested in knowing how many Service Coordinators serve the greater community and how many individuals are covered.

5d. First Timers. Provide the number of project residents and neighbors whom you assisted for the first time during the reporting period. Make a distinction between those who moved in within the last six months ("New move-ins") and those who have lived in the project or neighborhood longer, but only started coming to you for assistance during this reporting period.

6. **Type of Service Coordination Performed.** For each of the listed services, provide the sum of project residents and neighbors (in the "Number of Individuals" column) who received that service during the reporting period. Provide the number of contacts with all individual related to those services. Choose only the category you feel most appropriately represents the service you coordinated.

Count individuals once but report each contact with that one person. For example, you assisted three project residents in obtaining transportation services during the reporting period. To do this you had to meet with one resident three times, another resident five times and the third resident three times. So the number of individuals is three and the number of contacts is 11. If you additionally helped one neighborhood resident obtain transportation services and if you met with that person three times during the reporting period, then the number of individuals will be 4 and the number of contacts will be 14. Refer to the Glossary of Service Types (HUD-92456-G) for explanations and examples of services.

7. **Aging in Place Statistics.** Provide the number of project residents who left the project during the reporting period. Residents counted in this section must have been residents of the project at the time of their departure. Do not count neighborhood residents. Provide the reason and number for each move-out. Add other reasons on the "Other" line if relevant.

HUD wants to know how the Service Coordinator program affects aging-in-place over time. Include the numbers from the last report as a comparison. You'll do this on each subsequent report. If you are a new Service Coordinator and don't have a previous report or access to previous data, indicate "No Data" in the revelant box.

8. **Time Allocation of Monthly Tasks.** List the approximate or average % of time per month you spent performing the listed tasks. Add others if appropriate. Sum of all should equal 100% of your average time each month.

* Contact with outside service providers. Includes any activity related to obtaining information about or advocating for affordable supportive services or assistance for residents. Such activity may include telephone conversations, face-to-face meetings, coalition or task force meetings, or working groups.

* Direct contact with project and neighborhood residents. This is the time you spend with your residents, for example in one-on-one meetings, informal conversation, while conducting needs screening, or at educational program gatherings.

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* Documentation of resident files. Includes any notes you make, forms completed, or other information entered in resident files.

* Meetings with property management staff. Includes meetings with site manager or administrator, supervisor, other property management staff, or any other related meeting.

* Paperwork not related to a resident. Includes any reports written for management staff, supervisors, or peers. Also revelant is paperwork related to registering for training, arranging travel, or purchasing supplies or equipment.

* Researching available services. Includes time spent searching for program information on the Internet, by phone, reading literature, and meeting with knowledgeable professionals.

* Others. If you perform other work on a monthly basis, please list function and percentage of time.

Please attach a Microsoft Word (or other text file) that contains brief responses to items 9-14. Your report is not complete without this additional document and adequate responses to each item.

Check the check-box on the form to indicate that you are attaching this document.

9. Professional Training Duration (hours or days)*. List the eligible training programs you attended during this reporting period. Provide the following information for each program you attended:
* Name of the training program
* Name of sponsoring organization that planned and executed the training (i.e. training provider)
* Location
* Duradation (hours or days)
* Number of training hours completed

*Training pursuant to guidance in HUD's Management Agent Handbook 4381.5 REV-2 CHG-2, Chapter 8.9. First time Service Coordinators must complete 36 hours in the first year of employment as a Service Coordinator, unless they have received recent revelant training. All other Service Coordinators must complete 12 hours of eligible training each year.

10. Educational and Preventative Health Programs. List the programs you developed and/or implemented for project and/or neighborhood residents during this reporting period. Provide the name or topic of each program only and give the approximate number of individuals who attended. Indicate whether events were one time only or ongoing programs.

Examples of such programs are talks on osteoporosis, nutrition, or accessibility issues for people with disabilities, "brown bag" medication meetings with pharmacists, or remembrance groups.

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11. Fundraising. List optional fundraising activities, if any, completed during this reporting period. Provide the name or brief description of each activity, the amount of funds raised, and the intended use of these funds. Please note that fundraising activities must relate to assisting the residents to age in place.

Examples of items that you might assist in fundraising include but are not limited to:

> Another part-time Service Coordinator or aide position
> Exercise equipment
> Blood pressure machine for health clinic use
> Ramp to make the project or immediate area more accessible
> Purchase or lease of a van
> Creation of computer Center and purchase of computer equipment

Examples of items that you should not directly engage in fundraising activities for include:

> Holiday parties
> Large screen TVs for community rooms
> DVD players
> Pianos and organs
> Bingo sets

12. Community Engagement. List meetings with service providers and local area partners and attendance at or planning of local events that encourage interaction between the greater community and project residents.

Community engagement is defined as follows:
* Visits or meetings with new service providers and/or local vendors, churches, schools, etc.
* Attendance at community organization events that would make the greater community aware of your property and the needs of your residents.
* Planning events that encourage the greater community to visit and interact with project residents.

13. Resident Problems/Issues. Provide anecdotes (no more than two paragraphs each) describing two resident issues with which you were involved during the reporting period. Indicate whether or not the issue was resolved during the reporting period. Describe positive and/or negative outcomes. The objective of this item is to give readers of the report a description of your work and the types of issues dealt with on a daily basis. Unresolved situations will be viewed as examples of difficult problems or circumstances and not as a negative reflection on your efforts. Please be candid in your account, in order to give the reader an accurate description of your work. **Do not provide any personal identifiable information.**

14. **Additional Information.** Provide any other information relevant to the administration and performance of the Service Coordinator Program. Provide any recommended "Best Practices" you have found to be effective in providing service coordination and promoting independent living for the residents. Examples of your "Best Practices" will be essential in helping others develop effective Service Coordinator programs and obtaining needed resources.

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