**Agency Information Form**

**Completed Monthly**

DVHF Demonstration Evaluation

Directions to Project Coordinator: On a monthly basis, for the first 19 months after data collection begins, please ask each agency POC to help complete this brief form.

|  |  |
| --- | --- |
| Question: | Response: |
| 1. Agency ID | Unique ID# pre-determined |
| 2. Date of completion | Date |
| 3. Number of direct service staff available **today** to provide DVHF services to survivors: | Actual number |
| 4. Average caseload of direct service providers who provide DVHF (even if they also provide other services): | Actual number |
| 5. Number of permanent housing vouchers available to this agency to give out in the prior 30 days:  | Actual number |
| 6. How many days in the prior 30 days did your agency have an opening in your shelter program?  | Actual number |
| 7. How many days in the prior month did your agency have an opening in your transitional housing program? | Actual number 0 - 31 |
| 8. How much money does your agency have available **today** that can be used for flexible funding? | Actual number rounded to dollar |