

PAPERWORK REI
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DUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF
a on your grant program to understand the design and effectiveness of the program and to inform technical
s. Public reporting burden for this collection of information is estimated to average 3 hours per grant recipient,
ne for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of
s is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to
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OMB control number. The OMB # is 0970-0XXX and the expiration date is XX/XX/XXXX. If you have any comments on
f information, please contact juliana.melara@acf.hhs.gov.

Use this form to report informat

Event Date (MM/DD/YYYY)	Length of Event (in hours and minutes)	Title of Event
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Events for Residents of AHSSD Communities

ion about events your organization has held this reporting period for resident

**Topic [Select all that apply:
employment, education, financial,
housing, health and social, civic
engagement, support services, other
(please describe in "Other Notes"
section)]**

Description

s of communities supported by AHSSD funds.

# of Attendees	Is this event part of a series?	Other Notes
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Use this form to report outcomes for this reporting period that you are tracking for residents of community measures that you are tracking. You can do so by inserting a new row in the relevant category (starting with the category that you are tracking). You can also report outcomes derived from the self-sufficiency matrix for which you submit individual-level data.

of residents reporting increased nurturing and attachment between caregiver and child
of residents reporting increased parenting knowledge
of residents reporting improved conflict resolution skills
of residents reporting increased caregiver/parental resilience
of residents reporting increased social and emotional competence of their children
of residents reporting increased social connections
Other (please specify): _____

Safe

of residents reporting improved ability to travel to necessary locations
of residents reporting decreased stress
of residents reporting increased sense of safety
of residents reporting improved physical health
Other (please specify): _____

Economic

of residents reporting increased understanding of budgeting
of residents who have opened a savings account
of residents with improved credit scores
Other (please specify): _____

of families reporting improved school readiness of youth
of individuals reporting that residential community feels like a more peaceful place to live
of conflicts between neighbors at residential community
Other (please specify): _____

Outcomes

communities served by AHSSD funds. We have included example outcome metrics (stability, safety and well-being, economic mobility, or community) underneath the table. Please provide data to the evaluation team. The evaluation team will supply the aggregate

Stability Outcomes

# of unduplicated individuals		How was this achieved?

Safety and Well-being Outcomes

# of unduplicated individuals		How was this achieved?

Economic Mobility Outcomes

# of unduplicated individuals		How was this achieved?

Community Outcomes

# of unduplicated individuals		How was this achieved?

rics below, but feel free to add other outcome
he example outcome measures. *Please do not
totals for those outcomes for the report.*

s measured?

s measured?

s measured?

s measured?