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NOYAL ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, ACF is gathering information about the program to understand the design and effectiveness of the program and to inform technical assistance needs. Public reporting burden for this collection of information is estimated to average 3 hours per grant recipient, including the time for reviewing instructions, gathering the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Project if it displays a currently valid OMB control number. The OMB # is 0970-0628 and the expiration date is ##/##/####. If you have any questions about this collection of information, please contact juliana.melara@acf.hhs.gov.

Provide service delivery data on the services funded directly by AHSSD this report

One-on-One Intensive Services

Please report the number of individuals who receive one-on-one intensive services, which are indiv

Service Type	# of unduplicated individuals receiving service from AHSSD
General case management or service coordination for individuals	

Health and Support Services

Service Type	# of unduplicated individuals receiving service from AHSSD
Physical health services	
Mental health services	
Substance abuse services	
Disability services	
Older adult care services	
Health insurance enrollment	
Other (please specify)	

Training Services

Service Type	# of unduplicated individuals receiving service from AHSSD
Financial literacy training	
Health and wellness education	
Parenting and family skills	
Other training (please specify)	

Resources for Individuals

Resource Type	# of unduplicated individuals receiving service from AHSSD grant recipient
Transportation assistance	
Funds to support basic needs	
Funds to reduce barriers to self-sufficiency	
Other (please specify)	

Resources for the Community

Resource Type	Estimated # of individuals using the resources
Community garden	
Computers or other technology	
Vehicles	
Other resources available to the community (please specify)	

Occasional or Short-Term Services

Service Type	# of unduplicated individuals receiving service from AHSSD
Drop-in childcare	
Other occasional or short-term services (please specify)	

Community-Building Services

Service Type	# of unduplicated individuals receiving service from AHSSD
Community events to build relationships between neighbors	
Community board/tenant council participation	
Elections for community board/tenant council	
Other (please specify)	

Direct Services

ting period. These services may be provided directly by the CAA or by partners receiving fundi

idualized, ongoing services to address the distinct needs of the individual or family.

of sessions held

Description of service activities for service type (i.e., length of typical session, remote or in-person, etc.)

of appointments, treatments, sessions, or enrollments provided

Description of types of service activities for service type (i.e., preventative or specialist, in-person or remote, group event or one-on-one)

of trainings held

Description of service activities for service type (i.e., length of typical training, remote or in-person, etc.)

of resources distributed this reporting period

Description of resources provided

Estimated # of times resource used by residents

Description of resources provided and how it benefits residents



of times service provided to individuals

Description of service activities for service type (i.e., days and hours provided)



of events, meetings, or elections

Description of service activities for service type

ing for the provision of AHSSD services.

Please describe the primary focus of the services (e.g., general case management to address self-sufficiency needs, family coaching, financial counseling, housing counseling, career counseling, education coaching)

Referrals

Use this form to report the number of referrals to services that are not directly funded by the department of your organization.

For each service, enter the number of unduplicated individuals who were referred to that service and the number of individuals for whom your organization has confirmed access to that service.

Summary

Referral to service type	# of unduplicated individuals referred
Food assistance	
Utilities assistance	
Housing assistance	
Child care services	
Youth supports and programs, including afterschool and other youth programs	
Older adult care services	
Services for individuals with disabilities	
Employment and training services	
Educational services for adults	
Clothes, uniforms, tools	
Domestic violence support and assistance	
Family relationships services	
Financial counseling	
VITA and other tax advice or assistance	
Legal advice, record expungement	
Immigration assistance	
Physical health treatment	
Mental health treatment	
Substance abuse treatment	
Stable housing support services	
Stress reduction services	
Transportation services	
Tuition assistance	
Other (please specify)	

Total Number

**# of unduplicated individuals
referred for any service**

Received at least one referral

Referrals to Wraparound Services

provided by the AHSSD grant this reporting period. These services may be provided by an organization that is not funded by the AHSSD grant.

For each service type, the number of individuals for whom your organization provided the service type. If you did not track the number of individuals who were able to access the service, enter 0 in the second two columns.

Summary of Referrals by Service Type

of unduplicated individuals tracked for accessing service

of unduplicated individuals accessing the service

of Individuals Receiving at Least One Referral

**# of unduplicated individuals
tracked for accessing any service**

**# of unduplicated individuals
accessing any service**

ed by an external organization or a different

tracked access to that service type, and the
access the service, you should enter "0" for

Notes

Please specify service type for other
referrals:

Notes

Housing Community Indicators

Please provide the requested information for the housing communities supported by the AHSSD

Indicator

Total # of units occupied for some portion of time this quarter
Total unduplicated # of individuals residing in housing community for some portion of time this quarter
of units current on paying rent for all months this quarter (if applicable)
of households moving out of community this quarter
of household moving into community this quarter
of households evicted this quarter

Use this form to report information about partnerships

Partner name

Partnership Start Date (MM/YYYY)

supporting services to residents in AHSSD communities. For the first

Types of Services Partner Will Provide to AHSSD Residents [Select all that apply: employment, education, financial, housing, health and social, civic engagement, support services, other (please describe in "Other Notes" section)]

Partnerships for AHSSD Grant Program

reporting period, please list all partners that will support the grant activities. For subsequent reports,

Description of Services Partner Will Provide to AHSSD Participants

Will partner receive AHSSD funding for provision of these services?

please list only new partnerships that will support the grant activities.

Location of Service Delivery for AHSSD Residents

Other Notes

Data entry for individuals served b

Use this form to report the characteristics of individuals who have received services or referrals through the project and the households of those individuals who have received any services from the project. Enter the number receiving intensive services in the right-hand column. In the "Household-Level Characteristics" section, enter the number of receiving intensive services in the right-hand column.

Total unduplicated number of INDIVIDUALS who received services through the AHSSD grant this reporting period: _____
 Total unduplicated number of all HOUSEHOLDS who received services from the AHSSD grant this reporting period: _____

INDIVIDUAL-LEVEL CHARACTERISTICS

1. Gender	Number of Individuals	Number Receiving Intensive Services
a. Male	<input type="text"/>	<input type="text"/>
b. Female	<input type="text"/>	<input type="text"/>
c. Other	<input type="text"/>	<input type="text"/>
d. Unknown	<input type="text"/>	<input type="text"/>
e. TOTAL	<input style="background-color: #cccccc;" type="text" value="0"/>	<input style="background-color: #cccccc;" type="text" value="0"/>

2. Age	Number of Individuals	Number Receiving Intensive Services
a. 0-5	<input type="text"/>	<input type="text"/>
b. 6-13	<input type="text"/>	<input type="text"/>
c. 14-17	<input type="text"/>	<input type="text"/>
d. 18-24	<input type="text"/>	<input type="text"/>
e. 25-44	<input type="text"/>	<input type="text"/>
f. 45-54	<input type="text"/>	<input type="text"/>
g. 55-59	<input type="text"/>	<input type="text"/>
h. 60-64	<input type="text"/>	<input type="text"/>
i. 65-74	<input type="text"/>	<input type="text"/>
j. 75+	<input type="text"/>	<input type="text"/>
k. Unknown	<input type="text"/>	<input type="text"/>
l. TOTAL	<input style="background-color: #cccccc;" type="text" value="0"/>	<input style="background-color: #cccccc;" type="text" value="0"/>

3. Education Levels	Number of Individuals	Number Receiving Intensive Services
a. Grades 0-8	<input type="text"/>	<input type="text"/>
b. Grades 9-12/Non-Graduate	<input type="text"/>	<input type="text"/>
c. High School Graduate	<input type="text"/>	<input type="text"/>
d. GED/Equivalency Diploma	<input type="text"/>	<input type="text"/>
e. Some college	<input type="text"/>	<input type="text"/>
f. College Graduate	<input type="text"/>	<input type="text"/>
g. Graduate of other post-secondary school	<input type="text"/>	<input type="text"/>
h. Unknown	<input type="text"/>	<input type="text"/>
i. TOTAL	<input style="background-color: #cccccc;" type="text" value="0"/>	<input style="background-color: #cccccc;" type="text" value="0"/>

4. Ethnicity/Race	Number of Individuals	Number Receiving Intensive Services
a. Ethnicity		
a.1. Hispanic, Latino or Spanish Origins	<input type="text"/>	<input type="text"/>

a.2. Not Hispanic, Latino or Spanish Origins		
a.3. Unknown		
a.4. TOTAL	0	0

b. Race

b.1. American Indian or Alaska Native		
b.2. Asian		
b.3. Black or African American		
b.4. Native Hawaiian and Other Pacific Islander		
b.5. White		
b.6. Other		
b.7. Multi-race (two or more of the above)		
b.8. Unknown		
b.9. TOTAL	0	0

Characteristics

by AHSSD this reporting period.

through the AHSSD grant project this reporting period. At the top of the form, you will provide the total number of households served. In the "Individual-Level Characteristics" section, you will provide the number of all individuals in the left-hand column. In the "Household-Level Characteristics" section, you will report on the number of all households of individuals served in the left-hand column and the number of households receiving intensive services in the right hand column.

Reporting period:

This reporting period:

HOUSEHOLD-LEVEL CHARACTERISTICS

5. Households with Children	Number of Households	Number Receiving Intensive Services
a. No children in household	<input type="text"/>	<input type="text"/>
b. Children reside in household	<input type="text"/>	<input type="text"/>
c. TOTAL	0	0

6. Household Size	Number of Households	Number Receiving Intensive Services
a. Single Person	<input type="text"/>	<input type="text"/>
b. Two	<input type="text"/>	<input type="text"/>
c. Three	<input type="text"/>	<input type="text"/>
d. Four	<input type="text"/>	<input type="text"/>
e. Five	<input type="text"/>	<input type="text"/>
f. Six or more	<input type="text"/>	<input type="text"/>
g. Unknown	<input type="text"/>	<input type="text"/>
h. TOTAL	0	0

7. Level of Household Income (% of HHS Guideline)	Number of Households	Number Receiving Intensive Services
a. Up to 50%	<input type="text"/>	<input type="text"/>
b. 51% to 75%	<input type="text"/>	<input type="text"/>
c. 76% to 100%	<input type="text"/>	<input type="text"/>
d. 101% to 125%	<input type="text"/>	<input type="text"/>
e. 126% to 150%	<input type="text"/>	<input type="text"/>
f. 151% to 175%	<input type="text"/>	<input type="text"/>
g. 176% to 200%	<input type="text"/>	<input type="text"/>
h. 201% to 250%	<input type="text"/>	<input type="text"/>
i. 251% and over	<input type="text"/>	<input type="text"/>
j. Unknown	<input type="text"/>	<input type="text"/>
k. TOTAL	0	0

number of unduplicated
left-hand column and
right-hand column and the number

Receiving Intensive Services

Receiving Intensive Services

Receiving Intensive Services