

PAPERWORK REI
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REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Through this information is gathering data on your grant program to understand the design and effectiveness of the program and to assistance needs. Public reporting burden for this collection of information is estimated to average 3 hours per including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, is a currently valid OMB control number. The OMB # is 0970-0628 and the expiration date is ##/##/####. If you comments on this collection of 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

Information about events your organization has held this reporting period for residents

**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

Use this form to report outcomes for this reporting period that you are tracking for residents of cc measures that you are tracking. You can do so by inserting a new row in the relevant category (sta report outcomes derived from the self-sufficiency matrix for which you submit individual-level

- # 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): _____

Ecc

- # 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 the data to the evaluation team. The evaluation team will supply the aggregate

Stability Outcomes

# of unduplicated individuals	How was this achieved?

Stability 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?
