

PAPERWORK REDUCTION ACT OF 1995 (Public Law 104-13) STATEMENT OF PUBLIC BURDEN: Through this information collection, we are gathering data on your grant program to understand the design and effectiveness of the program and to inform technical assistance. The burden for this collection of information is estimated to average 3 hours per grant recipient, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and reviewing the collection of information. This is a voluntary collection of information, and the information that you provide will be used to evaluate the effectiveness of the program and to inform technical assistance. This collection of information is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0628 and the expiration date is X/31/2018. If you have any comments on this collection of information, please contact [juliana.melara@acf.hhs.gov](mailto:juliana.melara@acf.hhs.gov).

### Services and Referrals Tab

Use this form to report the number of individuals\* eligible for any AHSSD services who have received wraparound support

- Use column B to report the number of individuals receiving services directly funded by AHSSD either through a direct analysis for services supplemented with AHSSD funds.
  - Use column C to report the number of individuals receiving a service that is directly funded by your organization through
  - Use column D to report the number of individuals who were referred by your organization to a service provided by
  - Use column E to report the number of individuals for whom your organization tracked access to that service type.
  - Use column F to report the number of individuals for whom your organization has confirmed access to that service
  - Use column G to report the number of individuals who have received the service from your organization or have a
- individuals represented in columns C and G).

*For example, if an individual attends an afterschool program provided through AHSSD funds in your community, that person would be included in the row for "Before and afterschool activities" in multiple columns. The individual would be included in column B because AHSSD-funded activities should also be included in your organization's total; in column C because you tracked their access to this type of service; and column F because your organization confirmed access to this type of service. The individual would also be counted once (as an unduplicated individual) in column G for accessing this type of service from your organization.*

\*Note, when services address the needs of the entire household, please include all household members affected in column G. Household members include family coaching, coordination for some types of benefits, housing services, and lactation services for mothers.

### Housing Community Tab

Use this form to report the number of individuals eligible for AHSSD services who have received wraparound supportive services in residential community with 100 affordable units ("affordable" defined as occupant paying no more than 30 percent of gross income for all 100 units. If only 75 of the units are affordable, then only include the information about those 75 units. If all units are affordable, then complete the section about the 50 units who are eligible to receive services from you.

### Partners Tab

Use this form to report information about partnerships supporting services to residents in AHSSD communities. For the first report, list if the partnership is new or pre-existing. For subsequent reports, please list only new partnerships that will support the organizations that you work with, regardless of whether or not you have a formal partnership agreement in place. In addition, list all branches as partners. For example, if you are part of a tribal government, you may list the tribal health department as a partner. If referring families to, you can include the Head Start program as a partner.

### Characteristics Tab

Use the characteristics tab to report the characteristics of the individuals who received services as reported in the services and referrals tab. This tab requests individual-level characteristics of the individuals who reside in eligible households that have not received services.

This tab requests individual-level characteristics in two columns:

- Column D ("Number of Individuals"): requests counts of individuals who have received any services (both intensive and non-intensive services, including family coaching, housing assistance, family benefit coordination), include all individuals in the household that received that service.
- Column F ("Number Receiving Intensive Services"): requests counts of only individuals who have received intensive services to address the distinct needs of a person or family. For services that comprehensively address the needs of the household, include all individuals in the household.

In other words, you will include individuals who received intensive services in both columns D and F, but you will only include individuals who are defined as individualized, ongoing services to address the distinct needs of an individual or family, e.g., case management.

The household-level characteristics columns requests household-level characteristics of the individuals who received services. If multiple individuals in the household receive services, please count the household only once.

- Column N (“Number of Households”): requests counts of unduplicated households with at least one individual who
- Column Q (“Number Receiving Intensive Services”): requests counts of unduplicated households with at least one

Grant recipient name:
Grant Number:
Reporting period end date:

### Employment and training services

#### Service Type

Skills training and opportunities for job readiness (e.g., vocational training, apprenticeship, self-employment) for youth

Skills training and opportunities for job readiness (e.g., vocational training, apprenticeship, self-employment) for adults

Supplies for employment readiness/sustainment (e.g., uniforms, work boots, equipment)

Services for employment retention and growth (e.g., referrals, employer interaction, career pathways)

Employment counseling or coaching

Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any employment and training service:**

### Childcare Services

#### Service Type

Early Head Start services (ages 0 - 3)

Head Start services (ages 3 - 5)

Childcare subsidies or payments

Early childhood education (ages 0-5), outside of Early Head Start and Head Start.

Drop-in childcare services

Counseling or consultation for childcare services

Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any childcare service:**

### Youth Supports and Programs

#### Service Type

K-12 Support Services (e.g.: English, literacy, etc.)

Youth (age 14 - 24) literacy classes

College/post-secondary readiness support (e.g.: applications, scholarships, textbooks, computers)

School supplies and equipment

Before and after school activities for youth

Summer youth programs (e.g.: recreational and educational)  
Life skills and coaching services for youth  
Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any youth supports or programs:**

### **Adult Education and Skills Development Programs**

#### **Service Type**

Adult literacy classes  
English language classes  
High school equivalency classes  
Applied technology classes  
Life skills and coaching services  
Tuition assistance  
Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any adult education and skills development programs:**

### **Income and Asset Building Services**

#### **Service Type**

Training and counseling services for income management and asset building (e.g.: credit repair, financial literacy, financial management, budgeting, homebuying, foreclosure avoidance)  
Business and entrepreneurial financial services (e.g.: micro-loans, business development loans, business development, entrepreneurial support)  
Benefit coordination services (e.g.: child support, health insurance, SSI, Veterans, TANF, SNAP)  
Other (Please specify in "Notes" (column H))

**Total unduplicated receiving income and asset building services:**

### **Housing Services**

#### **Service Type**

Rental payment assistance (e.g.: emergency rental payments and deposits)  
Housing payment assistance (e.g.: down payments and emergency mortgage payments)  
Eviction prevention services (e.g.: eviction counseling, landlord/tenant mediations and rights)

Utility payment assistance (to include deposits, arrears, and assistance)

Rapid re-housing and housing placement services (e.g.: temporary, transitional, and permanent housing placements)

Housing maintenance and improvement services (e.g.: structural, accessibility improvements, emergency home repairs, water safety, healthy home)

Weatherization and energy efficiency services

Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any housing services:**

**Health and Nutrition Services**

**Service Type**

Immunizations

Health screenings (e.g., physicals, chronic health screenings)

Developmental delay screening

Healthcare payment assistance (prescription payments, doctor visit payments)

Health insurance options counseling (i.e., include the number of individuals for whom insurance information was provided)

Reproductive health services (e.g., family planning, contraceptives, STI or HIV prevention)

Maternal or child health services (e.g., breastfeeding support, safe sleeping, postpartum support) (for services involving mother and child, like breastfeeding support, please include both in reported numbers)

General wellness services (e.g., medication management, mindfulness, exercise, fitness)

Older adult care home visits (e.g., nursing, chores, personal care services)

Elder day centers or senior centers

Disability services

Substance use or misuse services (e.g., intake, screening, counseling, support groups, and hotline)

Mental health services (e.g., intake, screening, counseling, support group, hotline)

Domestic violence prevention or support services (e.g., support groups and hotline)

Dental services for adults (e.g., screenings, exams, procedures)

Dental services for children (e.g., screenings, exams, procedures)

Food/nutrition skills classes (cooking, nutrition)

Prepared meals (e.g., through a congregate nutrition site, Meals on Wheels, a prepared food delivery or pickup program)

Food distribution services (bags, boxes, food share, groceries)

Community gardening activities

Hygiene kits/supplies

Diapers/diapering supplies (number of children receiving supplies)

Hygiene utilization services (e.g., showers, toilets, sinks, laundry facilities)

Clothing assistance

Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any health or nutrition services:**

### **Civic Engagement and Involvement**

#### **Service Type**

Voter education and access services

Tri-partite board participation

Volunteer opportunities

Community engagement events

Tenant councils

Community needs assessments (e.g., completed surveys or participated in focus groups for the community)

Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any civic engagement and involvement services:**

### **Transportation Services**

#### **Service Type**

Public transportation voucher/pass

Gas card

Non-medical transportation

Medical transportation

Rideshare/taxi vouchers

Transportation Education/ Consultation

Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any transportation services:**

### **Legal, Tax, and Immigration Support**

#### **Service Type**

Legal advice, record expungement

VITA and other tax advice or assistance

Immigration assistance

Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any legal, tax, or immigration support**

### **Family Relationships Services**

**Service Type**

Home visiting program

Parenting and family skills education

Family coaching

Other (Please specify in "Notes" (column H))

**Total unduplicated receiving any family relationships services:**

**Intensive Services**

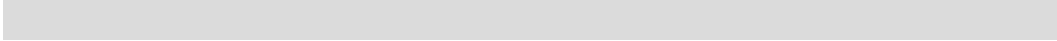
Intensive services (individualized, ongoing services to address the distinct needs of an individual or family, e.g., case management, service coordination, coaching); you may include individuals who have received services through one of the service areas above (e.g., family coaching), so long as the services are intensive in nature (i.e., long-term, ongoing services to address distinct needs);

**TOTAL**

**Total INDIVIDUAL residents receiving any services:**

**Total resident HOUSEHOLDS receiving any services:**



**# unduplicated residents receiving service directly funded by AHSSD**

**# of unduplicated residents receiving service provided directly by your organization**



**# unduplicated residents receiving service directly funded by AHSSD**

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**# unduplicated residents receiving service directly funded by AHSSD**

**# of unduplicated residents receiving service provided directly by your organization**

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**# unduplicated families receiving service directly funded by AHSSD**

**# of unduplicated families receiving service provided directly by your organization**

**# unduplicated residents receiving service directly funded by AHSSD**

**# of unduplicated residents receiving service provided directly by your organization**

**# unduplicated residents receiving service directly funded by AHSSD**

**# of unduplicated residents receiving service provided directly by your organization**



**# of unduplicated residents referred to service provided by external organization**    **# of unduplicated residents tracked for accessing external service**



**# of unduplicated residents referred to service provided by external organization**    **# of unduplicated residents tracked for accessing external service**



**# of unduplicated residents referred to service provided by external organization**    **# of unduplicated residents tracked for accessing external service**



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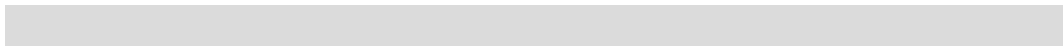




**# of unduplicated residents referred to service provided by external organization**    **# of unduplicated residents tracked for accessing external service**



**# of unduplicated residents referred to service provided by external organization**    **# of unduplicated residents tracked for accessing external service**



**# of unduplicated residents referred to service provided by external organization**    **# of unduplicated residents tracked for accessing external service**



**# of unduplicated families referred to service provided by external organization**

**# of unduplicated families tracked for accessing external service**



**# of unduplicated residents referred to service provided by external organization**

**# of unduplicated residents tracked for accessing external service**



**# of unduplicated residents referred to service provided by external organization**

**# of unduplicated residents tracked for accessing external service**

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**# of unduplicated residents  
accessing service provided by  
external organization**

**Total unduplicated # of residents receiving  
service from grant recipient or accessing  
external service**

**Notes**

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**# of unduplicated residents  
accessing service provided by  
external organization**

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**Notes**

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<b># of unduplicated residents accessing service provided by external organization</b>	<b>Total unduplicated # of residents receiving service from grant recipient or accessing external service</b>	<b>Notes</b>
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**# of unduplicated residents  
accessing service provided by  
external organization**

**Total unduplicated # of residents receiving  
service from grant recipient or accessing  
external service**

**Notes**

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**Notes**

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**# of unduplicated residents  
accessing service provided by  
external organization**

**Total unduplicated # of residents receiving  
service from grant recipient or accessing  
external service**

**Notes**

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**# of unduplicated families  
accessing service provided by  
external organization**

**Total unduplicated # of families receiving  
service from grant recipient or accessing  
external service**

**Notes**

**# of unduplicated residents  
accessing service provided by  
external organization**

**Total unduplicated # of residents receiving  
service from grant recipient or accessing  
external service**

**Notes (please describe the  
primary focus of the  
services, typical frequency  
and duration of  
interactions)**

**# of unduplicated residents  
accessing service provided by  
external organization**

**Total unduplicated # of residents receiving  
service from grant recipient or accessing  
external service**

**Notes**



**Indicator**

Total # of units occupied for some portion of time during the reporting period
Total unduplicated # of individuals residing in housing community for some portion of time during the reporting period
Total unduplicated # of households residing in housing community for some portion of time during the reporting period
# of units current on paying rent for all months during the reporting period (if applicable)
# of households moving into the community during the reporting period
# of household moving out of the community during the reporting period
# of household move-outs that were community initiated during the reporting period
# of households evicted during the reporting period



Reporting Period: First Quarter of 6-Month Reporting Cycle	Reporting Period: Second Quarter of 6-Month Reporting Cycle	Reporting Period: Full Project Period -- Start of Program Through End of 6-Month Reporting Cycle
[enter start date and end date here]	[enter start date and end date here]	[enter start date and end date here]

**Partner name**

**Is this a pre-existing partnership (Y/N)**

*If no, then please enter the partnership start date for new partnerships in column C.*

*If Yes, please describe any changes to the partnership due to the AHSSD grant in column H.*

**Partnership start date for  
new partnerships  
(MM/YYYY)**

**Types of Services Partner Will Provide to AHSSD Residents**

[Select all that apply: employment and training; childcare; youth supports; adult education and skills development; income and asset building; housing; health and nutrition; civic engagement and involvement; transportation; legal, tax, and immigration support; family relationships; other (please describe in "Other Notes" section)]

**Description of Services Partner Will Provide to AHSSD Participants**

**Is partner a subgrant recipient or contractor (i.e., will partner receive AHSSD funding for provision of these services)**

[Select: subgrant recipient, contractor, does not receive AHSSD funding, other]

**Location of Service Delivery for AHSSD Residents**  
[select all that apply: in their homes, in the housing community, in the surrounding community, virtual, other]

**Other Notes**

Total unduplicated number of INDIVIDUALS who received services through the AHSSD grant this report  
 Total unduplicated number of all HOUSEHOLDS who received services from the AHSSD grant this report

**INDIVIDUAL-LEVEL CHARACTERISTICS**

1. Sex	Number of Individuals	Number Receiving Intensive Services
a. Male		
b. Female		
d. Unknown or not reported		
e. <b>TOTAL</b>	<b>0</b>	<b>0</b>

2. Age	Number of Individuals	Number Receiving Intensive Services
a. 0-4		
b. 5-17		
c. 18-24		
d. 25-34		
e. 35-44		
f. 45-64		
g. 65-84		
h. 85+		
i. Unknown or not reported		
j. <b>TOTAL</b>	<b>0</b>	<b>0</b>

3. Education Levels	Number of Individuals	Number Receiving Intensive Services
a. Grades 0-8		
b. Grades 9-12 or non-graduate		
High school graduate, GED, or		
c. equivalency diploma		
d. Some college		
e. 2 or 4 years college graduate		
Graduate of other post-		
f. secondary school		
g. Unknown		
h. <b>TOTAL</b>	<b>0</b>	<b>0</b>

4. Race/Ethnicity	Number of Individuals	Number Receiving Intensive Services
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**a. Ethnicity**

a.1. Hispanic, Latino or Spanish Origins		
a.2. Not Hispanic, Latino or Spanish Origins		
a.3. Unknown		
<b>a.4. TOTAL</b>	<b>0</b>	<b>0</b>

**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>b.9. TOTAL</b>	<b>0</b>	<b>0</b>



ting period:  
 rting period:

**HOUSEHOLD-LEVEL CHARACTERISTICS**

5. Households with Children	Number of Households	Number Receiving Intensive Services
a. No children in household		
Children reside in		
b. household		
c. Unknown		
d. <b>TOTAL</b>	<b>0</b>	<b>0</b>

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

7. Level of Household Income (% of HHS Guideline)	Number of Households	Number Receiving Intensive Services
a. Up to 50%		
b. 51% to 75%		
c. 76% to 100%		
d. 101% to 125%		
e. 126% to 150%		
f. 151% to 175%		
g. 176% to 200%		

- h. 201% to 250%
- i. 251% and over
- j. Unknown
- k. **TOTAL**

<b>0</b>

<b>0</b>