

HOME ARP SUPPORTIVE SERVICES QUARTERLY REPORT

AGENCY NAME _____ PROJECT _____
QUARTER/YEAR _____

**ALL TOTALS SHOULD BE THE SAME IN ALL CHARTS—IF YOU ARE REPORTING FOR 10 HOUSEHOLDS
IN YOUR PROGRAM THEN ALL CHARTS SHOULD SHOW INFO FOR 10 HOUSEHOLDS**

HOMELESS HOUSEHOLDS

TOTAL HOUSEHOLDS _____

NEW HOUSEHOLDS _____
(since previous Quarter)

RACE & ETHNICITY	Hispanic/Latino	Total	Veteran
White			
Black/African American			
Asian			
American Indian/Alaskan Native			
Native Hawaiian/Other Pacific Islander			
Other Multi-Racial			
TOTALS			

HOUSEHOLD SIZE

TOTAL

1	
2	
3	
4	
5	
6	
7	
8+	

HOUSEHOLD TYPE

Single, Non-elderly	Elderly (62+)	Single Parent	Two Parents	Other	TOTAL

QUALIFYING POPULATION AT ENTRY

QP 1 HOMELESS	QP 2 At-Risk of Homelessness	QP3 Fleeing/Attempting to Flee Domestic Violence/Dating Violence/Sexual Assault/Trafficking/Stalking/Human Trafficking (Sex & Labor)	QP4 Other Populations	TOTAL

REASON FOR HOUSEHOLD EXITING (if applicable)

i. Chose to Exit	
ii. Terminated (not client's choice)	
iii. Reached maximum service term	
iv. Left for long-term institutional care facility	
v. Jail/prison for greater than 30 days	
vi. Deceased	
vii. Other (provide description)	

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NON-HOMELESS HOUSEHOLDS

TOTAL HOUSEHOLDS _____

NEW HOUSEHOLDS _____
(since previous Quarter)

RACE & ETHNICITY	Hispanic/Latino	Total	Veteran
White			
Black/African American			
Asian			
American Indian/Alaskan Native			
Native Hawaiian/Other Pacific Islander			
Other Multi-Racial			
TOTALS			

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