



The Community Partnership  
For The Prevention  
of Homelessness

## Quarterly Performance Plans Low Barrier/Severe Weather for Individuals

Provider Name:	
Program Name:	
HMIS Program Name:	
Contact Person	

### Clients Served:

*Estimate the number of homeless persons that will utilize your program in each quarter. Note: remember that seasonal changes might effect the number of clients served at different intervals.*

December 1, 2007 - February 29, 2008	
March 1, 2008 - May 31, 2008	
June 1, 2008 - August 31, 2008	
September 1, 2008 - November 30, 2008	

*Also provide an estimated unduplicated count of clients served for the entire year. Note: many of the clients you serve over the four quarters are repeat users of your shelter program. This number should not be the total of the clients you served in each of the four quarters, but your best estimate of an unduplicated clients served count.*

Total unduplicated number of clients served (annually).	
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### Chronically Homeless Served:

*Estimate an approximate percentage of clients served in your program each quarter who are chronically homeless. Note: this should be a subset of Clients Served.*

December 1, 2007 - February 29, 2008	%
March 1, 2008 - May 31, 2008	%
June 1, 2008 - August 31, 2008	%
September 1, 2008 - November 30, 2008	%

*Based on your unduplicated estimate of Clients Served for the entire year, estimate an annual percentage of clients who are chronically homeless. Note: Like the count of clients served, the annual estimate of chronically homeless served should not be an aggregate count of the four quarterly estimates.*

Annual Estimate	%
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### Occupancy:

*Estimate the approximate occupancy rate of your program for each quarter. Occupancy is the percentage of beds in your program occupied homeless persons. Note: remember to account for seasonal changes and their affect on shelter occupancy.*

December 1, 2007 - February 29, 2008	%
March 1, 2008 - May 31, 2008	%
June 1, 2008 - August 31, 2008	%
September 1, 2008 - November 30, 2008	%

*Also provide an estimated percentage occupancy rate for the entire year.*

Annual Estimate	%
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**Engagement:**

*Estimate the number of clients in your program that you expect to be engaged in case management each quarter. Note: case management will be tracked through a new question in the 12 Hour Assessment in the HMIS. Record whether a client is engaged in case management with a Yes/No question in that assessment. This question does not apply to Severe Weather Shelters!*

December 1, 2007 - February 29, 2008	
March 1, 2008 - May 31, 2008	
June 1, 2008 - August 31, 2008	
September 1, 2008 - November 30, 2008	

*Based on your annual unduplicated estimate of Clients Served, provide an annual estimated count of clients engaged in case management throughout the year.*

**Annual Estimate**

\*The Community Partnership understands that Case Management is not a large component of many Low Barrier programs. The purpose of this indicator is simply to estimate baseline data.

**Destinations:**

*Estimate the number of clients that will exit your program to both positive and negative destinations during the quarter. Note: fill out an Exit Sheet in the HMIS for each client when you are certain he or she has permanently ended his or her current stay in your program. Be specific in noting his or her destination; please be advised that an expanded list of positive destinations are available on the Exit Sheet. This question does not apply to Severe Weather Shelters!*

	Positive	Negative
December 1, 2007 - February 29, 2008		
March 1, 2008 - May 31, 2008		
June 1, 2008 - August 31, 2008		
September 1, 2008 - November 30, 2008		

*Based on your annual unduplicated estimate of Clients Served, provide an annual estimated count of clients exiting to positive and negative destinations.*

**Annual Estimates**

Complete and return to Tom Fredericksen at [tfredericksen@community-partnership.org](mailto:tfredericksen@community-partnership.org)

This is a Tier 2 deliverable.