



The Community Partnership
For The Prevention
of Homelessness

Quarterly Performance Plans Permanent Housing for Families

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

Families Served

Estimate the number of families that will utilize your program in each quarter. Note: remember that seasonal changes might effect the number of families 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 families served for the entire year.

Total unduplicated number of families served (annually).	
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Occupancy:

Estimate the approximate occupancy rate of your program for each quarter. Occupancy is the percentage of units 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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Stability:

Estimate the number of families in your program each quarter that will have been in your program for six (6) months or longer.

	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 Families Served, provide an annual estimated count of families that will be in your program for six (6) months or longer.

Annual Estimates	
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Income:

Estimate the number of families that will exit your program each quarter with one or more income source gained through your program. Note: information on income will be tracked through the Income sub-assessment in the HMIS.

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 Families Served, provide an annual estimated count of families exiting your program with one or more income source.

Annual Total

Self Sufficiency: Chose an Self Sufficiency Indicator for your program and quarterly goals based on definitions below.

Substance Abuse Treatment: The number of families that will actively participate in substance abuse treatment programs during each quarter. **This can be tracked through the HMIS sub-assessment for Substance Abuse in the Treatment Section.**

Employment Assistance: The number of families that will be employed or looking for work during each quarter. **This can be tracked through the HMIS sub-assessment for Employment (yes/no question).**

Mental Health Treatment: The number of families that will obtain assistance with Mental Health issues during each quarter. **This can be tracked through the HMIS sub-assessment for Mental Health in the Treatment Section.**

Educational Assistance: The number of families that will enroll in educational or vocation training or that will be working toward a degree during each quarter. **This can be tracked through the HMIS sub-assessment for Education (yes/no question).**

	Type chosen Indicator here!
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 Families Served, provide an annual estimated count of families that will be working toward Self-Sufficiency goals (based on your chosen indicator).

Annual Estimate

Complete and return to Tom Fredericksen at tfredericksen@community-partnership.org

This is a Tier 2 deliverable.