



The Community Partnership  
For The Prevention  
of Homelessness

## Quarterly Performance Plans Transitional Housing 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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### 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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### 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.*

	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		
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<b>Income:</b>	
<i>Estimate the number of clients 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.</i>	
December 1, 2007 - February 29, 2008	
March 1, 2008 - May 31, 2008	
June 1, 2008 - August 31, 2008	
September 1, 2008 - November 30, 2008	
<i>Based on your annual unduplicated estimate of Clients Served, provide an annual estimated count of clients exiting your program with one or more income source.</i>	
<b>Annual Total</b>	
<b>Self Sufficiency:</b> Chose an Self Sufficiency Indicator for your program and quarterly goals based on definitions below.	
<b>Substance Abuse Treatment:</b> The number of clients that will actively participate in substance abuse treatment programs during each quarter. <b>This can be tracked through the HMIS sub-assessment for Substance Abuse in the Treatment Section.</b>	
<b>Employment Assistance:</b> The number of clients that will be employed or looking for work during each quarter. <b>This can be tracked through the HMIS sub-assessment for Employment (yes/no question).</b>	
<b>Mental Health Treatment:</b> The number of clients that will obtain assistance with Mental Health issues during each quarter. <b>This can be tracked through the HMIS sub-assessment for Mental Health in the Treatment Section.</b>	
<b>Educational Assistance:</b> The number of clients that will enroll in educational or vocation training or that will be working toward a degree during each quarter. <b>This can be tracked through the HMIS sub-assessment for Education (yes/no question).</b>	
	<b>Type chosen Indicator here!</b>
December 1, 2007 - February 29, 2008	
March 1, 2008 - May 31, 2008	
June 1, 2008 - August 31, 2008	
September 1, 2008 - November 30, 2008	
<i>Based on your annual unduplicated estimate of Clients Served, provide an annual estimated count of clients that will be working toward Self-Sufficiency goals (based on your chosen indicator).</i>	
<b>Annual Estimate</b>	
Complete and return to Tom Fredericksen at <a href="mailto:tfredericksen@community-partnership.org">tfredericksen@community-partnership.org</a>	
This is a Tier 2 deliverable.	