

Housing Data Collection Forms

NOTES		<input checked="" type="checkbox"/> Display Notes <input type="button" value="Add A Note"/>	
		Date	Name
<input type="button" value="View"/>		9/28/2011 6:16 AM	Deb Hodgeman (Erie)
		Note	
Use estimated full year 2011 for all baseline meas			

  

Housing and Adult CC Baseline and Target		Comment
Budgeted Direct FTE's for Contract Year	[ ] (9.99)	[ ] ...
Budgeted Capacity (Housing Beds or Care Coordination Slots)	[ ] (9)	[ ] ...
Budgeted Persons Served for Contract Year	[ ] (9)	[ ] ...
Baseline Enrolled Individuals with LOS < 6 Months	[ ] % (99)	[ ] ...
Baseline Enrolled Individuals with LOS 6 Months to < 1 Year	[ ] % (99)	[ ] ...
Baseline Enrolled Individuals with LOS 1 Year to < 18 Months	[ ] % (99)	[ ] ...
Baseline Enrolled Individuals with LOS 18 Months or Greater	[ ] % (99)	[ ] ...
Baseline Individuals Enrolled (Current Year Annualized)	[ ] (9)	[ ] ...
Baseline Indivs with Behavioral Health Inpatient Admits While Enrolled	[ ] (9)	[ ] ...
TARGET: % Enrolled Individuals with Behavioral Health Inpatient Admissions	[ ] % (99)	[ ] ...
Baseline Indivs with Medical Inpatient Admissions While Enrolled	[ ] (9)	[ ] ...
TARGET: % Enrolled Individuals with Medical Inpatient Admissions	[ ] % (99)	[ ] ...
Baseline Indivs with Behav Health Emerg Dept Presentations While Enrolled	[ ] (9)	[ ] ...
TARGET: % Enrolled Indivs with Behav Health Emergency Dept Presentations	[ ] % (99)	[ ] ...
Baseline Indivs with Medical Emergency Dept Presentations While Enrolled	[ ] (9)	[ ] ...
TARGET: % Enrolled Individuals with Medical Emergency Dept Presentations	[ ] % (99)	[ ] ...
Baseline Enrolled Individuals Currently Employed 15+ Hours Per Week	[ ] (9)	[ ] ...
TARGET: % Enrolled Individuals Currently Employed 15+ Hours Per Week	[ ] (9)	[ ] ...

**DELIVERABLE SUMMARY**

Site ID	Agency Site	CFR Code	Program Type	Period Type	Start Date	End Date	Due Date	Form Name	Status
TT	Test Housing Site	6050	Supported Housing Rental Assistance	Q1	1/1/2011	3/31/2011	4/15/2011	Housing Quarterly Performance Reporting	Pending - Not Started

Entered By:	Submitted By:	Rejected By:	Approved By:
Entered Date:	Submitted Date:	Rejected Date:	Approved Date:

**FILE UPLOAD**

File Upload:   Description:

**NOTES**

Display Notes

Housing Quarterly Actual		Comment
Persons Served Year to Date	<input type="text"/> (9)	<input type="text"/>
Discharges During Quarter	<input type="text"/> (9)	<input type="text"/>
Persons Enrolled at End of Quarter	<input type="text"/> (9)	<input type="text"/>
Number Enrolled with LOS < 6 Months	<input type="text"/> (9)	<input type="text"/>
Number Enrolled with LOS 6 Months to < 1 Year	<input type="text"/> (9)	<input type="text"/>
Number Enrolled with LOS 1 Year to < 18 Months	<input type="text"/> (9)	<input type="text"/>
Number Enrolled with LOS 18 Months or Greater	<input type="text"/> (9)	<input type="text"/>
Total Individuals Enrolled During Report Period	<input type="text"/> (9)	<input type="text"/>
Individuals w/ Behavioral Health Inpatient Admits While Enrolled This Qtr	<input type="text"/> (9)	<input type="text"/>
Individuals w/ Medical Inpatient Admits While Enrolled This Qtr	<input type="text"/> (9)	<input type="text"/>
Individuals w/ Behavioral Health Emergency Dept While Enrolled This Qtr	<input type="text"/> (9)	<input type="text"/>
Individuals w/ Medical Emergency Dept While Enrolled This Qtr	<input type="text"/> (9)	<input type="text"/>
Number Individuals Currently Employed for 15+ Hours Per Week	<input type="text"/> (9)	<input type="text"/>