

HOUSING FIRST OUTCOMES CERTIFICATION

PROJECT NAME: _____

REPORT PERIOD: _____

CAPACITY		SEMI- ANNUAL GOAL	SEMI- ANNUAL ACTUAL		ANNUAL GOAL	ANNUAL ACTUAL
Housing First units	#					
Non-Housing First units	#					
Total units	#					
PERFORMANCE INDICATOR		SEMI- ANNUAL GOAL	SEMI- ANNUAL ACTUAL		ANNUAL GOAL	ANNUAL ACTUAL
Households Served	#					
Successful Housing Outcomes	#					
Successful Housing Outcomes	%					
Successful Housing Exits	%					
Interim Housing Stability	%					
Average Length of Stay	Mos.					
Employment Status at Exit	%					
Employment Status for All Residents	%					
Turnover Rate	%					
Program Occupancy Rate	%					

Agency: _____

Executive Director: _____

Date: _____

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NARRATIVE

1. Please explain any deviation (+/-) of 10% or greater between capacity goals and actuals for this report period.

2. Please explain any deviation (+/-) of 10% or greater between performance indicator goals and actuals for this report period.

3. Please explain any capacity goal or performance indicator for which there is incomplete information.
