

# Congregate Housing Services Program Annual RCP Report

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner



03683

Field Office	Prepared by (Name)	Date
	Signature	Phone No.
Region	Supervisor	Date
	Signature	Phone No.

Type of Project (check one as applicable)	Elderly/Disabled Mixed *		Non/Elderly/Disabled *	
	For-Profit	Non/Profit	For-Profit	Non/Profit
<input type="checkbox"/> PHA				
<input type="checkbox"/> IHA				
<input type="checkbox"/> 202				
<input type="checkbox"/> 236				
<input type="checkbox"/> 221 (d)				
<input type="checkbox"/> Sec. 8				
<input type="checkbox"/> FmHA				

1. Number and Types of People Served	Total No of Participants	Ethnicity				Hispanic
		White (Non-Hisp)	Black (Non-Hisp)	American Indian Alaskan Native	Asian or Pacific Islander	
<b>Elderly/Non-Elderly Disabled</b>						
M 62+						
F 62+						
M 18-61						
F 18-61						
<b>Subtotal</b>						
<b>Temporarily Disabled</b>						
M 62+						
F 62+						
M 18-61						
F 18-61						
<b>Subtotal</b>						

Range of all ages: From _____ To _____	Average age elderly:	Average age non-elderly disabled:	Average length of time temporarily disabled served by CHSP: Elderly _____ Non-Elderly Disabled _____	
---	----------------------	-----------------------------------	---	--

2. Services Provided	Type	No of Units* Provided During Report Period	Unit Cost	CHSP Cost	Fees Collected	Other 3rd Party Cost
	Case Management					
	Meals					
	Housekeeping Aid					
	Personal Assistance					
	Transportation					
	Other (list)					
	Administration					
	<b>Total</b>					

\* Enter the number of each type of project

3 No of program participants using food stamps:	4 Total dollar amount collected:	5 Value of surplus commodities received from the Department of Agriculture:	
6 No of persons entering project for CHSP from:		Project: (Name)	
, or Transfer from:			
Nursing Home	Mental Institution	Hospital	Own Home/Apt
Board and Care Facility	Other (Specify)		
7 No. of participants transitioned out of CHSP:			
Death	Perm relocated to Nursing Home	Perm relocated to Hospital	
Relocated to Family	Out of CHSP but remaining in project	Other (specify)	