

# Semi-Annual Performance Report

## Multifamily Housing Service Coordinator Program

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

OMB Approval No. 2502-0447  
(exp. 09/30/2013)

Public reporting burden for this collection of information is estimated to average X hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

**Instructions: See pages 3 and 4 for detailed instructions.**

<b>1. Contact Person (name and phone number including area code)</b>  <b>E-Mail Address:</b>	<b>2. Source of funds for Service Coordinator (check one)</b> <input type="checkbox"/> Grant/Contract - provide number (e.g., OK56CS94032) _____ <input type="checkbox"/> Residual Receipts <input type="checkbox"/> Excess Income <input type="checkbox"/> Section 8 operating funds (project-based)
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**3. Project(s) served by the Service Coordinator(s)** (List additional developments on a separate page)

Project Name	Project/FHA Number	Number of Units

**4. Number of hours per week worked by the Service Coordinator**

**5. Resident Statistics**

a. Total number of residents in all projects served

b. Estimated Age of residents  
 percent aged 18 to 61 (i.e., non-elderly people with disabilities)  percent aged 62 to 80   
 percent aged 81 to 95  percent over age 96

c. Estimated number of frail elderly residents (deficient in 3 or more Activities of Daily Living (ADLs))

d. Estimated number of at-risk elderly residents (deficient in 1 or 2 ADLs)

e. Total number of residents who utilized the SC during this reporting period

f. Total number of newly assigned residents assisted during this reporting period

**6. Type of Service Coordination Performed**  
 For each service, provide the number of residents who received that service. Identify only those residents who went through the SC to obtain these services.

Type of Service	Number of Residents
Assessments	
Advocacy	
Benefits/Entitlements/Insurance	
Case Management	
Conflict Resolution	
Crisis Intervention/Support Counseling	
Education/Employment	
Family Support	
Health Care/Services	
Homemaker	

Type of Service	Number of Residents
Home Management	
Lease Education	
Meals	
Mental Health Services	
Monitoring Services	
Substance Abuse	
Transfer to Alternative Housing or Hospital	
Transportation	
Other (specify)	

**7. Administrative Tasks**  
 List the approximate percentage of time per month the SC performs these administrative tasks.

Documentation of resident files  %      Paperwork not related to a resident  %  
 Contact with outside service providers  %      Meetings with management staff  %

Name of person preparing this report	Signature
Title	Date (mm/dd/yyyy)

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Please respond to the following items. Use additional pages if needed.

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**8. Educational / Wellness Programs**

List the educational or wellness programs the SC developed and/or implemented for residents during this reporting period.

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**9. Fundraising**

If you have engaged in any fundraising activities during this reporting period, please list them.

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**10. Professional Training**

List the training programs the SC attended during this reporting period. Provide the name of the training program, its location, number of hours, and the number of continuing education hours earned.

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**11. Resident Problems / Issues**

Provide anecdotes (no more than two paragraphs each) describing two resident issues with which the SC was involved. Indicate whether the issue was resolved during this reporting period and describe positive or negative outcomes.

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**12. Additional Information**

Provide any other information relevant to the administration and performance of the SC Program. Provide any recommended "best practices" you have found to be effective in providing service coordination and promoting independent living for the residents.

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Are additional pages attached

Yes

No

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## Instructions for Completing Form HUD-92456

### General:

All multifamily housing owners with Service Coordinators paid for with any type of HUD funds must submit this Report. The Service Coordinator or the Program contact person must complete the form.

Submit one Report per Service Coordinator position, regardless of funding source. If one Service Coordinator serves multiple developments or is funded through multiple funding sources, include all relevant information on page 1.

Reporting Period: All Service Coordinators must submit this Report according to the Federal Fiscal Year dates. The reporting periods are October 1 through March 31 and April 1 through September 30. Your Report is due to your local Field Office 30 days after the end of the reporting period, i.e. April 30 and October 30, respectively.

### Specific Instructions for each Item:

**1. Contact Person.** Enter the name, phone number, and email address (if any) of the person most familiar with the information provided on this form, who may be contacted by HUD for questions regarding the form's content.

**2. Source of Funds for Service Coordinator.** Check "Grant/Contract" if you received a separate contract or grant for funding the Service Coordinator since Fiscal Year 1992. Indicate the grant or contract number associated with this funding. The middle four digits of this number must begin with "C93", "C94", "CS", "RS", or "HS". Do not provide your project's Section 8 number (e.g. OH12T871017)

Check "Residual Receipts" or "Excess Income" if your local HUD office has approved the use of these funds to employ a Service Coordinator. You may indicate this option if this is your only source of funding or if you use residual receipts or excess income together with separate grant/contract funds.

Check "Section 8 operating funds" if your local HUD office has approved the Service Coordinator as an on-going permanent expense in your project's operating budget. If this is the case, you will not be using either residual receipts, excess income, or grant/contract funds.

**3. Projects Served by the Service Coordinator.** One grant/contract may include funding for more than one project. List all projects served by the grant/contract indicated in item #2, above.

If one Service Coordinator serves more than one project and is funded by the residual receipts, excess income, or operating budgets of those projects, list all projects assisted by the Service Coordinator.

Include each project number (e.g. 042-EH406) and the number of units in each project.

**4. Number of hours per week worked by the Service Coordinator.** Indicate the total or average (if variable) number of hours worked by the Service Coordinator per week at all sites.

### 5. Resident Statistics.

**5a. Total Number of Resident.** Provide the total number of all residents in all projects served.

**5b. Estimated Age of Residents.** Estimate the percentage of total residents at all sites served by the Service Coordinator who are within the age ranges.

**5c and d. Estimated Number of frail elderly residents and number of at-risk elderly residents.** Estimate the number of residents age 62 or older who are deficient in one, two, or three or more Activities of Daily Living (ADLs). In making your estimate, use HUD's definition and list of ADLs found in previously published Program Notices or application kits. (ADL deficiencies, i.e. frailty or at-risk considerations, do not apply to people with disabilities age 18-61.)

**5e. Total number of residents who utilized the SC during this reporting period.** Indicate the total number of residents the Service Coordinator assisted in any way during the six-month reporting period. This may include a variety of tasks or assistance provided. Do not count residents twice. Regardless of the amount of time spent assisting one resident, only count that individual once.

**5f. Total number of newly assigned residents assisted during reporting period.** Provide the number of residents you first assisted during the reporting period.

**6. Type of Service Coordination Performed.** For each of the listed services, provide the number of residents who received that service. Identify only those residents who went through the SC to obtain these services. For example, if a resident had been receiving housekeeping services for a year prior to the SC's employment, do not include that resident in your "home-maker" count. If a resident's son has arranged for Meals on Wheels for that resident, do not include that resident in your "meals" count. Only count those residents who the SC personally assisted in obtaining housekeeping or Meals on Wheels services.

**Note:** If a previously-employed SC helped residents to obtain any of these services and a new SC has taken over during the current reporting period, count all residents assisted by either SC.

Please add any other services not included on this list either on Page 1 of this form or on an attached page.

Use your discretion in indicating the categories for the services you coordinate. Choose the category you feel most appropriately represents these services.

**7. Administrative Tasks.** List the approximate percentage of time per month the SC performs these administrative tasks.

**Documentation of resident files** Includes any notes you make, forms completed, or other information inserted in resident files.

**Contact with outside service providers.** Include any activity related to obtaining information about or advocating for affordable supportive services or assistance for residents. Such activity may include telephone conversations, face-to-face meetings, coalition or task force meetings, or working groups.

**Paperwork not related to a resident.** Include any reports written for management staff, supervisors, or peers, or paperwork related to registering for training, arranging travel, or purchasing supplies or equipment.

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**Meetings with management staff.** Includes meeting with project manager or administrator, contract supervisor or management staff, or any other related meeting.

**8. Educational/Wellness Programs.** List the educational or wellness programs the SC developed and/or implemented for residents during this reporting period. Provide the name or topic of each program only and give the approximate number of residents who attended. Examples of such programs are talks on osteoporosis, nutrition, or accessibility issues for people with disabilities, "brown bag" medication meetings with pharmacists, or remembrance groups.

**9. Fundraising.** List fundraising activities, if any, completed during this reporting period. Provide the name or brief description of each activity, the amount of funds raised, and the intended use of these funds.

**10. Professional Training.** List the training programs the SC attended during this reporting period. Provide the following information for each program attended:

- o name of the training program,
- o the location,
- o the number of hours, and
- o the number of continuing education hours earned.

**11. Resident Problems/Issues.** Provide anecdotes (no more than two paragraphs each) describing two resident issues with which the SC was involved. Indicate whether or not the issue was resolved during this reporting period. Describe positive and/or negative outcomes. The objective of this item is to give readers of the report a description of the SC's work and the types of issues dealt with on a daily basis. Unresolved situations will be viewed as examples of difficult problems or circumstances and not as a negative reflection of the SC's efforts. Please be candid in your account, in order to give the reader an accurate description of the SC's work.

**12. Additional Information.** Provide any other information relevant to the administration and performance of the SC Program. Provide any recommended "best practices" you have found to be effective in providing service coordination and promoting independent living for the residents. Examples of your "best practices" will be essential in helping others develop SC programs and in supporting and obtaining funding. HUD staff welcome any comments related to the SC Pr