

Semi-Annual Performance Report

Multifamily Housing
Service Coordinator Program

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

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(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 control number.

Instructions: See pages 3 - 5 for detailed instructions.

1. Service Coordinator (name and phone number / area code)

Hire date: ____/____/_____
Email address: _____

2. Source of Funds for Service Coordinator (check all that apply)

- Grant - provide number (e.g., OK56HS02002) _____
 Residual Receipts Excess Income Project Rental Assistance Contract (PRAC)
 Section 8 operating funds (project) Mixed Funding

3. Project Information

(mm/dd/yyyy)

Project Name	Date of Program Inception (mm/dd/yyyy)	Project /FHA #	# of Units	# of Residents	# of hours worked @ project (weekly)

4. Resident Statistics

- a. Age(s) of residents in project: Age 18-61 (i.e., non-elderly people w/disabilities) Age 62-80 Age 81-95 Over 96
- b. Estimated number of frail residents (Age 62 and over and deficient in 3 or more Activities of Daily Living (ADL)) # using service coordinator
- c. Estimated number of at-risk residents (Age 62 and over and deficient in 1 or 2 ADLs) # using service coordinator
- d. Number of residents who utilized service coordinator during this reporting period: Number in project Number from neighborhood

- e. Number of residents that you assisted for the first time, during this reporting period: Move-ins Existing

5. Type of Service Coordination Performed (For each service, provide the number of residents you assisted and number of contacts you made.

Count residents only once, but provide the total number of contacts for each resident) Refer to the glossary for service type definition if needed

Type of Service	Residents	Contacts
Advocacy		
Assessments		
Benefits/Entitlements		
Case Management		
Conflict Resolution		
Crisis Intervention/ Support Counseling		
Education/Employment		
Meals		
Mental Health Services		
Monitoring Services		
Substance Abuse		
Legal Assistance		

Type of Service	Residents	Contacts
Transfer to Alternative Housing or Hospital		
Transportation		
Other (specify)		
Other (specify)		
Outreach		
Resident Networking		
Family Support		
General Info/Referral		
Health Care Services		
Homemaker		
Home Management		
Isolation Intervention		
Lease Education		

6. Time Allocation of Monthly Tasks (List approximate % of time per month you perform these tasks. Sum of all should equal 100%)

- Number of hours/week worked by Service Coordinator Direct contact with residents %
- Documentation of resident files % Paperwork not related to resident %
- Contact with outside service providers % Meetings with management staff %

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

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

7. Educational / Wellness Programs

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

8. Fundraising

Fundraising activities are entirely optional, but if you have engaged in any activities during the reporting period, please list them.

9. Professional Training

List the training programs you 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. (Name of the training program/Sponsoring organization that planned and executed the training/Location/Number of hours offered/Number of continuing education hours earned)

10. Resident Problems / Issues

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

11. Community Engagement

List meetings or visits with community partners and residents. Include attendance at or planning of community events that encourage interaction with the project's residents.

12. Additional Information

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

Are additional pages attached for questions 8-11? Yes No

13. Aging in Place Statistics

(Residents counted in this section must have been residents of the project at the time of their departure)

Number of residents who died

Number of residents who moved to a higher level of care

Number of residents who moved in with family

Other

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 must complete the form.

NOTE: If one Service Coordinator serves multiple projects, submit one report per project. If one project has multiple Service Coordinators, each Service Coordinator should submit his/her own report.

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. Service Coordinator. Enter the name, phone number, and email address (if any) of the person completing the form.

2. Source of Funds for Service Coordinator. Check "Grant" if you received a grant to support the Service Coordinator program and indicate the grant number associated with this grant. The middle four digits of this number must begin with: "C93", "C94" "CS", "RS", "LJT" 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 for the Service Coordinator program. You may indicate this option if this is your only source of funding or if you use residual receipts or excess income together with grant operating funds.

Check "Section 8 or Section 202 PRAC operating funds" if your local HUD office has approved the Service Coordinator as an on-going permanent expense in your project's operating budget.

3. Projects You Serve. Include project name, the date that the service coordinator program was initiated, the project/FHA number, number of units at the project, number of residents at the project, and the number of hours worked weekly at the project.

4. Resident Statistics.

4a. Estimated age of resident. Provide number of residents in each age category.

4b and 4c. 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. Provide the number of residents in each category who are currently using your services. (ADL deficiencies, i.e., frailty or at-risk considerations, do not apply to people with disabilities age 18-61.)

4d. Number of residents who utilized the Service Coordinator during this reporting period. Indicate the number of residents on-site and from the surrounding community whom you 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.

4e. Number of first time residents you assisted during reporting period. Provide the number of residents you assisted for the first time during the reporting period. Make a distinction between those who moved in within the last six months and those who have lived there longer, but only started coming to you for assistance within the last six months.

5. Type of Service Coordination Performed. For each of the listed services, provide the number of residents (on-site and community) who received that service and the number of contacts with all residents related to those services. Choose only the category you feel most appropriately represents the service you provided. Count individual residents only once but report each contact with the one resident. For example, you assisted three residents in obtaining transportation service during the reporting period. To do this you had to meet with one resident three times, another resident five times and the third resident three times. So the number of residents is three and the number of contacts is 11. Refer to the Glossary of Service Types (HUD-92456-G) for helpful definitions of service types.

Note: If a previously-employed Service Coordinator helped residents to obtain any of these services and a new Service Coordinator has taken over during the current reporting period, count all residents assisted by either Service Coordinator. Add any other services not included on this list in the space provided.

6. Time Allocation of Monthly Tasks. List the approximate % of time per month you performed these tasks. Sum of all should equal 100%.

Direct contact with residents. This is the time you spend with your residents in one-on-one meetings, while conducting assessments or working with resident associations, at social or educational program gatherings.

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

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.

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.

Meetings with management and quality assurance staff. Include meetings with project manager or administrator, supervisor, quality assurance administrator, management staff, or any other related meeting.

7. Educational/Wellness Programs. List the educational or wellness programs you 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.

8. 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. Please note that fundraising activities must relate to assisting the **residents to age in place**.

Examples of items that you might assist in fundraising include but are not limited to:

- Another part-time Service Coordinator or aide
- Exercise equipment
- Blood pressure machine for health clinic use
- Ramp to make the project or immediate area more accessible
- Purchase or lease of a van
- Creation of Neighborhood Networks Center and purchase of computer equipment

Examples of items that you should not directly engage in fundraising activities:

- Holiday parties
- Large screen TVs for community rooms
- DVD players
- Pianos and organs
- Bingo sets
- Refreshments for events

9. Professional Training. List the training programs you attended during this reporting period. Provide the following information for each program attended:

Name of the training program

Name of sponsoring organization that planned and executed the training

Location

Number of hours offered

Number of continuing education hours earned

10. Resident Problems/Issues. Provide anecdotes (no more than two paragraphs each) describing two resident issues with which you were 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 your 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 on your efforts. Please be candid in your account, in order to give the reader an accurate description of your work.

11. Community Engagement. List meetings with community agencies and residents and attendance at or planning of community events that encourage interaction with residents.

12. Additional Information. Provide any other information relevant to the administration and performance of the Service Coordinator 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 Service Coordinator programs and in supporting and obtaining funding. HUD welcomes any comments related to the Service Coordinator Program.

13. Aging in Place Statistics. Provide the number of project residents who left the project for the reasons listed during the reporting period. Do not count neighborhood residents.