

State of Alaska
DHSS / Division of Behavioral Health
FY22 811 Housing Program Quarterly Report

Organization Name:

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Grant Number:

Date:

Person Completing Form:

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1) Please provide a brief status update regarding the Section 811 Housing Program. Please describe any issues or challenges with clients maintaining their housing, including any client evictions.

Quarter 1

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Quarter 2

Quarter 3

Quarter 4

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Please provide the following data for the quarter:	Q1	Q2	Q3	Q4	YTD Unduplicated Count
The number of clients the team has successfully moved and maintained in HUD Section 811 and other voucher program housing.					
Please provide the following data for the quarter:	Q1	Q2	Q3	Q4	YTD Unduplicated Count
The number of HUD Section 811 and other housing voucher clients that are receiving <i>comprehensive community-based</i> services that include both clinic and rehabilitation services.					
The number of HUD Section 811 and other housing voucher applications submitted on behalf of clients served through the 811 Housing Program.					

3) Please provide a brief narrative regarding any challenges and successes:

Quarter 1

Quarter 2

Quarter 3

Quarter 4