

AGENCY NAME _____

ST. CHARLES
COUNTY
INDIGENT FUNDS

***ANNUAL REPORT
FORM***

Expenditures July 1, _____ through Feb. 28, _____

DUE: April 15, 20__

Expenditures for period of July 1, _____ through Feb. 28, _____

Agency Name _____

Project Name(s) and brief description _____

Contact Name _____ **Phone** _____

In order to comply with Section 120.420.7, we are requiring an additional piece of information to be returned with your Annual Reports of both Indigent and Homeless Funds. This calculation is called the **Incidents of Service Indicator**. The indicator is derived from taking the number of incidents of service for monies spent from a fund divided by the number of individuals served by that same fund.

For Example: If there are 100 individuals served by the Indigent Fund through your agency and there were 240 different incidents of service for these individuals (rental assistance, utility assistance, counseling, etc. are each an ***Incident of Service***), compute the **Incidents of Service Indicator** by dividing 240 by 100, which equals 2.4 for the Indigent Fund. (This shows us on average how many services each individual received in your facility.)

Examples:

- A1056(Indigent) would be an example of one individual getting 2 different services or getting 2 units of the same service.
- A3056(Indigent) would be an example of a family of 3 individuals getting 5 different services or 5 units of the same or combination of services.
- A5056(Indigent) would be an example of a family of 3 receiving only 1 incident of service.

| Receptient | Indigent Incidents of Service | Indigent Individuals Served | Homeless Incidents of Service | Homeless Individuals Served |
|--------------------------------|-------------------------------|-----------------------------|-------------------------------|-----------------------------|
| A1056 | 2 | 1 | 1 | 1 |
| A2056 | 0 | 0 | 3 | 2 |
| A3056 | 5 | 3 | 0 | 0 |
| A4056 | 0 | 0 | 4 | 6 |
| A5056 | 1 | 3 | 2 | 3 |
| TOTALS | 8 | 7 | 10 | 12 |
| Incidents of Service Indicator | | 1.14 | | 0.83 |

SERVICES PROVIDED TO THE INDIGENT.

(All expenses must fit into the following categories)

| Service | CAB Indigent Funds Allocated | CAB Indigent Funds Used | Number of Individuals Served (Indigent) | Incidents of Service (Indigent) |
|---|------------------------------|-------------------------|---|---------------------------------|
| 1. Rent Assistance | \$ | \$ | | |
| 2. Mortgage Assistance | | | | |
| 3. Utility Assistance | | | | |
| 4. Meals/Food Assistance | | | | |
| 5. Household Item Assistance | | | | |
| 6. Counseling/Mental Health | | | | |
| 7. Case Management | | | | |
| 8. Career/Life Skills Training | | | | |
| 9. Medical/Dental Care | | | | |
| 10. Medication Assistance | | | | |
| 11. Transportation Assistance | | | | |
| 12. Shelter Rent | | | | |
| 13. Shelter Mortgage | | | | |
| 14. Shelter Utilities | | | | |
| 15. Shelter Maintenance/Furnishings | | | | |
| 16. Shelter Meals/Food | | | | |
| 17. Temporary Housing | | | | |
| 18. Permanent Housing | | | | |
| | | | | |
| TOTAL | \$ | \$ | | |
| INCIDENCE OF SERVICE INDICATOR(Indigent) | | | | |

Please answer the following questions. Your perspective on these questions will enable this Board to more fully report on the needs of the homeless and indigent citizens of St. Charles County.

1. In the context of your original Request for Proposal (RFP), did you serve the anticipated number of families and/or individuals? What obstacles, if any, did you encounter?

2. What needs, if any, were unmet due to –
 - Lack of facilities
 - Lack of funding (from any source)
 - Lack of staff/volunteers
 - Other

3. What trends are you seeing within the homeless/indigent population in St. Charles County?

4. Did the level of funding from other sources reach anticipated levels? If not, how was your program compromised as a result?

5. Is there anything else you would like to draw to our attention regarding the homeless and indigent population of St. Charles County?

THANK YOU FOR YOUR RESPONSE!