



TEXAS
Health and Human
Services

Texas Department of State
Health Services

APPENDIX P

Texas Department of State Health Services
Housing Opportunities for Persons with AIDS (HOPWA)
Program Progress Report for Project Sponsors

Coversheet			
Project Sponsor and Report Information			
Project Sponsor			
HIV Service Delivery Area			
Administrative Agency			
Preparer			
Title			
Phone			
Email			
Date Report Completed			
Administrative Agency Submission Instructions		Reporting Periods and Due Dates	
Reports must be submitted to:	hivstdreport.tech@dshs.texas.gov	☐ (P1) Semi-Annual	09/01 – 02/28 Due to DSHS: 03/31 (or closest business day)
CC the HOPWA Coordinator at:	blade.berkman@dshs.texas.gov	☐ (P2) Annual	09/01 – 08/31 (Cumulative) Due to DSHS: 10/15 (or closest business day)

Screening			
Activities Undertaken		Duplication	
☐ Tenant-Based Rental Assistance (TBRA)	☐ Housing Case Management (HCM)	Did any households receive more than one type of housing assistance service?	
☐ Short-Term Rent, Mortgage, and Utility (STRMU)	☐ Housing Information Services (HIS)	Did any households receive some combination of TBRA, FBHA, and/or PHP services?	
☐ Facility-Based Housing Assistance (FBHA)	☐ Resource Identification (RI)	Did any households receive more than one type of any HOPWA service?	
☐ Permanent Housing Placement (PHP)	☐ Project Sponsor Administration	Did any households within a single facility receive more than one type of FBHA support?	
Other Reportable Items			
Did the Project Sponsor encounter any barriers in the administration or implementation of the HOPWA program?			
Does the Project Sponsor currently have a waitlist for TBRA, STRMU, and/or FBHA services?			
Did any households that received any type of HOPWA service have more than one household member (additional beneficiaries)?			
Did the Project Sponsor leverage and expend any public or private funding or in-kind resources in support of the HOPWA program during the program year?			
Did the Project Sponsor collect HOPWA program income during the program year?			
Did the Project Sponsor expend HOPWA program income during the program year?			
Did any households that received any type of housing assistance service make rent payments (full or partial) to private owners during the program year?			

Let's get started! Enter a Project Sponsor name.

Overview

The Program Progress Report (PPR) provides annual performance reporting on client outputs and outcomes that enables an assessment of Project Sponsor performance in achieving the housing stability outcome measure. The PPR fulfills statutory and regulatory program reporting requirements and provides The Texas Department of State Health Services (DSHS) and the U.S. Department of Housing and Urban Development (HUD) with the necessary information to assess the overall program performance and accomplishments against planned goals and objectives.

HOPWA Project Sponsors are required to submit a report for each program year in which HOPWA grant funds were expended. Project Sponsors must complete Parts 1-5 on standard reporting elements.

Table of Contents

- Part 1: Project Sponsor Narrative and Performance Assessment
- Part 2: Project Sponsor Households and Expenditures
- Part 3: Demographics and Prior Living Situations
- Part 4: Sources of Leveraging and Program Income
- Part 5: Outcomes
- Part 6: Facility-Based Housing Assistance

Record Keeping

Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. **In the case that HUD must review client level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.**

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These Project Sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Sex, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry Date, Program Exit Date, Personal Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA Program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, and Housing Status or Destination at the end of the program year. Other suggested but optional elements are: Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Date of Contact, Date of Engagement, Financial Assistance, Housing Relocation & Stabilization Services, Employment, Education, General Health Status, Pregnancy Status, Reasons for Leaving, Veteran's Information, and Children's Education. Other HOPWA projects sponsors may also benefit from collecting these data elements.

Program Year

The information contained in this PPR covers the DSHS HOPWA Program year, which begins 09/01 and ends 08/31. Project Sponsor accomplishment information must coincide with this program year period. Any change requires the approval of HUD by amendment, such as an extension for one additional year of operation. A renewal grant start date would be coordinated with the close out of the existing grant.

Duplication

Adjustment for Duplication: Enables the calculation of unduplicated output totals by accounting for the total number of households or units that received more than one type of HOPWA assistance in a given service category. Use the following table as a guide for deduplication:

Determining the Adjustment Amount			
How many households received exactly 2 types of housing assistance during the program year?	3	*1=	3
How many households received exactly 3 types of housing assistance during the program year?	2	*2=	4
How many households received exactly 4 types of housing assistance during the program year?	1	*3=	3
Adjustment Amount (Sum of the products)			10

For example, if a household received Short-Term Rent, Mortgage, and Utility Assistance (STRMU), Permanent Housing Placement (PHP), and Tennant Based Rental Assistance (TBRA) during the program year, report that household in Part 2 in the following manner:

Housing Assistance Services Only	Output: Households
1 TBRA	1
2 STRMU	1
3 FBHA	0
4 PHP	1
5 Adjustment for duplication (subtract)	2
6 Total (Sum of Rows 1-4 minus Row 5)	1

NOTE: Data entered in cells with these colors should be the same throughout your report. Please, check your data for consistency.

Color Legend	
	Tenant-Based Rental Assistance (TBRA) Households
	Short-Term Rent, Mortgage, and Utility (STRMU) Households
	Facility-Based Housing Assistance (FBHA) Households
	Permanent Housing Placement (PHP) Households
	Housing Case Management (HCM) Households
	Housing Information Services (HIS) Households
	Unduplicated Household Count: Housing Assistance Services Only
	Unduplicated Household Count: TBRA, FBHA, and/or PHP Only
	Unduplicated Household Count: All HOPWA Services

NOTE: For Parts labeled (Annual), leave the Part blank on the Semi-Annual report and complete the Part on the Annual report.

Part 1 Project Sponsor Narrative and Performance Assessment

Use the Project Sponsor Narrative and Performance Assessment (items 1 through 7) to succinctly describe in a one to three page narrative how activities enabled households to improve housing stability, increased access to care and support, and reduced their risk of homelessness. Describe the organization of the HOPWA Program and how the program interacts with other housing and supportive service programs in the community and/or state. The narrative should detail program accomplishments, barriers to achieving stated performance goals, technical assistance needs, and innovative outreach and support strategies utilized by Project Sponsors or partner organizations to achieve program goals. In addition, provide information on any evaluations of the project's accomplishments conducted during the program year. DSHS considers each response as ongoing consultation with HOPWA stakeholders. The narrative data below may be used for public information, including posting on HUD's web page. Additionally, DSHS may use the narrative data below to develop the State of Texas Assessment of Fair Housing, Consolidated Plan, and Consolidated Annual Performance and Evaluation Report.

NOTE: To AutoFit row height to cell contents, locate the cell's row heading and double-click the lower edge of the heading. To start a new paragraph in a single cell, hit Alt+Enter.

1 Outputs Reported

Describe program accomplishments including the number of housing units supported and the number households assisted with HOPWA funds during this program year. Include a comparison between proposed and actual accomplishments, as demonstrated in Part 2: Project Sponsor Households and Expenditures, B. Goals and Outputs Summary. In the narrative, describe how the different types of housing assistance are coordinated to serve clients.

Tip

2 Outcomes Assessed

Assess your program's success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. Compare current year results to baseline results for clients. Describe how program activities contributed to meeting stated goals. If you did not achieve expected targets, describe how your program plans to address challenges in program implementation and steps being taken to achieve goals in next program year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.

Tip

3 Coordination

Report on program coordination with other mainstream housing and supportive services resources, including the use of committed leveraging from other public and private sources that helped to address needs for eligible persons identified in the annual HOPWA Budget Application. Address community outreach efforts and Fair Housing initiatives or accomplishments. For example, outreach efforts targeted to areas of minority concentration. Describe how you Affirmatively Furthered Fair Housing during the program year.

Tip

4 Barriers and Recommendations

Describe any barriers (including regulatory and non-regulatory) encountered in the administration or implementation of the HOPWA Program, how they affected your program’s ability to achieve the objectives and outcomes discussed, and actions taken in response to barriers, as well as recommendations for program improvement. You may select more than one from the following list. Specify a barrier for each explanation or description.

Barriers and Recommendations			
Barrier	Probable Cause	Attempted Solution	Technical Assistance Needed
1			
2			
3			
4			
5			
6			
7			
8			

Tip

5 Technical Assistance

Describe any technical assistance needs and how they will benefit program beneficiaries.

Tip

6 Other Discussion Items

If the Project Sponsor has other discussion items as they relate to the DSHS HOPWA Program (i.e., feedback, ideas, recommendations, etc.), enter them here.

Tip

7 Waitlist Data

Enter the number of waitlisted households by activity.

Waitlist Data	
1 TBRA	0
2 STRMU	0
3 FBHA	0
4 Total (Sum of Rows 1-3)	0

Part 2 Project Sponsor Households and Expenditures

For each HOPWA activity, enter the number of households served and funds expended per period. In each Row, enter an adjustment for households served in both P1 and P2.

Activity	Output: Households				Output: Expenditures		
	P1	P2	Adjustment	Total	P1	P2	Total
1 Tenant-Based Rental Assistance (TBRA)	0	0	0	0	\$0.00	\$0.00	\$0.00
2 Short-Term Rent, Mortgage, and Utility (STRMU)	0	0	0	0	\$0.00	\$0.00	\$0.00
a Rent only	0	0	0	0	\$0.00	\$0.00	\$0.00
b Mortgage only	0	0	0	0	\$0.00	\$0.00	\$0.00
c Utility only	0	0	0	0	\$0.00	\$0.00	\$0.00
d More than one type	0	0	0	0			
3 Facility-Based Housing Assistance (FBHA)	0	0	0	0	\$0.00	\$0.00	\$0.00
a Short-Term Supportive Housing (STSH) only	0	0	0	0	\$0.00	\$0.00	\$0.00
b Transitional Supportive Housing (TSH) only	0	0	0	0	\$0.00	\$0.00	\$0.00
c More than one type	0	0	0	0			
4 Permanent Housing Placement (PHP)	0	0	0	0	\$0.00	\$0.00	\$0.00
5 Housing Case Management (HCM)	0	0	0	0	\$0.00	\$0.00	\$0.00
6 Housing Information Services (HIS)	0	0	0	0	\$0.00	\$0.00	\$0.00
7 Resource Identification (RI)					\$0.00	\$0.00	\$0.00
8 Project Sponsor Administration					\$0.00	\$0.00	\$0.00

Enter adjustments for households served by more than one type of HOPWA activity.

Adjustments for Duplication		Output: Households
Housing Assistance Services Only		
1 TBRA		0
2 STRMU		0
3 FBHA		0
4 PHP		0
5 Adjustment for Duplication: Housing Assistance Services Only (Subtract)		0
6 Total (Sum of Rows 1-4 minus Row 5)		0
TBRA, FBHA, and/or PHP Services Only		
7 TBRA		0
8 FBHA		0
9 PHP		0
10 Adjustment for Duplication: TBRA, FBHA, and/or PHP Services Only (Subtract)		0
11 Total (Sum of Rows 7-9 minus Row 10)		0
All HOPWA Services		
12 TBRA		0
13 STRMU		0
14 FBHA		0
15 PHP		0
16 HCM		0
17 HIS		0
18 Adjustment for Duplication: All HOPWA Services (Subtract)		0
19 Total (Sum of Rows 12-17 minus Row 18)		0

☐ P1: Confirm that the adjustments for duplication on Rows 5, 10, and 18 are correct. ☐ P2: Confirm that the adjustments for duplication on Rows 5, 10, and 18 are correct.

Part 3 Demographics and Prior Living Situations (Annual)

Enter the number of eligible individuals and additional beneficiaries by HIV status served by any type of HOPWA activity.

Eligible Individuals and Additional Beneficiaries			Applicable
1	Eligible individuals who were served by any type of activity		0
2	HIV-positive persons who resided with the eligible individuals in Row 1 and were served by any type of activity		0
3	HIV-negative persons who resided with the eligible individuals in Row 1 and were served by any type of activity		0
4	Total (Sum of Rows 1-3)		0

Enter the number of eligible individuals and additional beneficiaries by race, age, sex, and ethnicity served by any HOPWA activity.

Eligible Individuals Demographics														
Race	Age and Sex												Ethnicity	
	Male				Female				Not Disclosed					
	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Hispanic/Latino	Non-Hispanic/Latino
1 American Indian/Alaskan Native														
2 American Indian/Alaskan Native + Black/African American														
3 American Indian/Alaskan Native + White														
4 Asian														
5 Asian + White														
6 Black/African American														
7 Black/African American + White														
8 Native Hawaiian/Other Pacific Islander														
9 Other Multi-Racial														
10 White														
Additional Beneficiaries Demographics														
Race	Age and Sex												Ethnicity	
	Male				Female				Not Disclosed					
	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Under 18	18 to 30 years	31 to 50 years	51 years and older	Hispanic/Latino	Non-Hispanic/Latino
11 American Indian/Alaskan Native														
12 American Indian/Alaskan Native + Black/African American														
13 American Indian/Alaskan Native + White														
14 Asian														
15 Asian + White														
16 Black/African American														
17 Black/African American + White														
18 Native Hawaiian/Other Pacific Islander														
19 Other Multi-Racial														
20 White														

Enter the number of eligible individuals by prior living situation who received TBRA, FBHA, and/or PHP only (not STRMU).

Prior Prior Living Situation		
Continuing		
1 Continued receiving HOPWA assistance from the previous year		0
New		
2 Place not meant for human habitation (e.g., vehicle, abandoned building, transit station, or outside)		0
3 Emergency shelter (including a hotel/motel paid for by an emergency shelter voucher)		0
4 Transitional housing for formerly homeless persons		0
5 Subtotal (Sum of Rows 2-4)		0
6 Permanent housing for formerly homeless persons		0
7 Psychiatric hospital or other psychiatric facility		0
8 Substance use treatment facility or detox center		0
9 Non-psychiatric hospital		0
10 Foster care home		0
11 Jail, prison, or juvenile detention facility		0
12 Rented room, apartment, or house		0
13 Home you own		0
14 Staying or living in someone else's (family and friends) room, apartment, or house		0
15 Hotel/motel paid for by the household		0
16 Other		0
17 Don't know or refused to report		0
18 Subtotal (Sum of Rows 6-17)		0
19 Total (Sum of Rows 1, 5, & 18)		0

Enter the number of eligible individuals under Prior Living Situation, Row 5 who were chronically homeless and/or homeless veterans.

Homeless Individuals Summary		Applicable
1 Chronically Homeless Persons		0
2 Homeless Veterans		0

Part 4 Sources of Leveraging and Program Income (Annual)

Enter the sources of leveraged public and private funding or in-kind resources expended by the Project Sponsor in support of the HOPWA program during the program year. Enter the amount of program income collected and expended on housing assistance and other support. Enter the total amount of rent that households paid directly to private

Sources of Leveraging and Program Income	Source	Expenditures	Provided housing assistance?
Public or Private Sources of Leveraged Funding			
1 Emergency Solutions Grant		\$0.00	
2 HOME		\$0.00	
3 Ryan White		\$0.00	
4 Continuum of Care (CoC)		\$0.00	
5 Low-Income Housing Tax Credit		\$0.00	
6 Housing Choice Voucher Program		\$0.00	
7 Private grants		\$0.00	
8 In-kind resources		\$0.00	
9 Grantee cash		\$0.00	
10 Other		\$0.00	
11 Other		\$0.00	
12 Other		\$0.00	
13 Other		\$0.00	
14 Other		\$0.00	
15 Total (Sum of Rows 1-14)		\$0.00	
Program Income Collected			
16 Resident rent payments made to the HOPWA program		\$0.00	
17 Other income generated from the use of HOPWA funds, including repayments		\$0.00	
18 Total (Sum of Rows 16 & 17)		\$0.00	
Program Income Expended			
19 Program income expended on housing assistance		\$0.00	
20 Program income expended on other support		\$0.00	
21 Total (Sum of Rows 19 & 20)		\$0.00	
Rent Payments Made by Households			
22 Rent payments (full or partial) made to private owners by households that received housing subsidy assistance		\$0.00	

- ☐ Confirm sources of leveraging is correct (Row 15).
☐ Confirm program income collected is correct (Row 18).

- ☐ Confirm household rent payments to private owners is correct (Row 22).
☐ Confirm program income expended is correct (Row 21).

Part 5 Outcomes (Annual)

TBRA Household Output: 0

Income Levels		
1 Households with income below 30% of Area Median Income.		0
2 Households with income between 31% and 50% of Area Median Income.		0
3 Households with income between 51% and 80% of Area Median Income.		0
Health Outcomes		Applicable
4 Households with eligible individuals who have ever had an antiretroviral therapy (ART) prescription.		0
5 Households with eligible individuals who have shown an improved viral load or achieved viral suppression.		0
Longevity		
6 Households that have received TBRA for less than 1 year.		0
7 Households that have received TBRA for more than 1 year, but less than 5 years.		0
8 Households that have received TBRA for more than 5 years, but less than 10 years.		0
9 Households that have received TBRA for more than 10 years, but less than 15 years.		0
10 Households that have received TBRA for more than 15 years.		0
Sources of Income		Applicable
11 Households that accessed and/or maintained earned income from employment.		0
12 Households that accessed and/or maintained retirement.		0
13 Households that accessed and/or maintained Supplemental Security Income (SSI).		0
14 Households that accessed and/or maintained Social Security Disability Income (SSDI).		0
15 Households that accessed and/or maintained other welfare assistance (SNAP, WIC, TANF, etc.).		0
16 Households that accessed and/or maintained private disability insurance.		0
17 Households that accessed and/or maintained veterans disability payment (service or non-service connected payment).		0
18 Households that accessed and/or maintained regular contributions or gifts from organizations or persons not residing in the dwelling.		0
19 Households that accessed and/or maintained workers compensation.		0
20 Households that accessed and/or maintained general assistance (GA) or local program equivalent.		0
21 Households that accessed and/or maintained unemployment insurance.		0
22 Households that accessed and/or maintained other sources of income.		0
23 Households that had no income.		0
Sources of Medical Insurance and/or Assistance		Applicable
24 Households that accessed and/or maintained Medicaid health program or local program equivalent		0
25 Households that accessed and/or maintained Medicare health insurance or local program equivalent		0
26 Households that accessed and/or maintained Veterans Affairs medical services		0
27 Households that accessed and/or maintained Texas HIV Medication Program (THMP)		0
28 Households that accessed and/or maintained Children's Health Insurance Program (CHIP) or local program equivalent		0
29 Households that accessed and/or maintained Ryan White-funded medical and/or dental assistance		0
Household Status		
30 Households that continued to the next year		0
31 Households whose destination was other HOPWA housing assistance		0
32 Households whose destination was other non-HOPWA housing assistance		0
33 Households whose destination was private housing		0
34 Households whose destination was an institutional arrangement expected to last more than six months		0
35 Households whose destination was an institutional arrangement expected to last less than six months		0
36 Households whose destination was transitional housing		0
37 Households whose destination was temporary housing		0
38 Households whose destination was emergency shelter		0
39 Households whose destination was a place not meant for human habitation		0
40 Households whose destination was a jail/prison term expected to last more than six months		0
41 Households whose destination was a jail/prison term expected to last less than six months		0
42 Households that were disconnected from care		0
43 Households where the eligible individual remained in housing until death		0

Part 5 Outcomes (Annual)

STRMU Household Output: 0

Income Levels		
1 Households with income below 30% of Area Median Income.		0
2 Households with income between 31% and 50% of Area Median Income.		0
3 Households with income between 51% and 80% of Area Median Income.		0
Longevity	Applicable	
4 Households that received STRMU for the first time this year.		0
5 Households that received STRMU during the previous STRMU eligibility period.		0
6 Households that received STRMU three or more times during the previous five STRMU eligibility periods.		0
7 Households that received STRMU during the last five consecutive STRMU eligibility periods.		0
Sources of Income	Applicable	
8 Households that accessed and/or maintained earned income from employment.		0
9 Households that accessed and/or maintained retirement.		0
10 Households that accessed and/or maintained Supplemental Security Income (SSI).		0
11 Households that accessed and/or maintained Social Security Disability Income (SSDI).		0
12 Households that accessed and/or maintained other welfare assistance (SNAP, WIC, TANF, etc.).		0
13 Households that accessed and/or maintained private disability insurance.		0
14 Households that accessed and/or maintained veterans disability payment (service or non-service connected payment).		0
15 Households that accessed and/or maintained regular contributions or gifts from organizations or persons not residing in the dwelling.		0
16 Households that accessed and/or maintained workers compensation.		0
17 Households that accessed and/or maintained general assistance (GA) or local program equivalent.		0
18 Households that accessed and/or maintained unemployment insurance.		0
19 Households that accessed and/or maintained other sources of income.		0
20 Households that had no income.		0
Sources of Medical Insurance and/or Assistance	Applicable	
21 Households that accessed and/or maintained Medicaid health program or local program equivalent		0
22 Households that accessed and/or maintained Medicare health insurance or local program equivalent		0
23 Households that accessed and/or maintained Veterans Affairs medical services		0
24 Households that accessed and/or maintained Texas HIV Medication Program (THMP)		0
25 Households that accessed and/or maintained Children's Health Insurance Program (CHIP) or local program equivalent		0
26 Households that accessed and/or maintained Ryan White-funded medical and/or dental assistance		0
Household Status		
27 Households that continued to the next year		0
28 Households whose destination was other HOPWA housing assistance		0
29 Households whose destination was other non-HOPWA housing assistance		0
30 Households whose destination was private housing		0
31 Households whose destination was an institutional arrangement expected to last more than six months		0
32 Households whose destination was an institutional arrangement expected to last less than six months		0
33 Households that likely to need additional STRMU to maintain current housing arrangements		0
34 Households whose destination was transitional housing		0
35 Households whose destination was temporary housing		0
36 Households whose destination was emergency shelter		0
37 Households whose destination was a place not meant for human habitation		0
38 Households whose destination was a jail/prison term expected to last more than six months		0
39 Households whose destination was a jail/prison term expected to last less than six months		0
40 Households that were disconnected from care		0
41 Households where the eligible individual remained in housing until death		0

Part 5 Outcomes (Annual)

FBHA Household Output: 0

Income Levels		
1 Households with income below 30% of Area Median Income.		0
2 Households with income between 31% and 50% of Area Median Income.		0
3 Households with income between 51% and 80% of Area Median Income.		0
Longevity		
4 Households that have received FBHA for less than 1 year.		0
5 Households that have received FBHA for more than 1 year, but less than 5 years.		0
6 Households that have received FBHA for more than 5 years, but less than 10 years.		0
7 Households that have received FBHA for more than 10 years, but less than 15 years.		0
8 Households that have received FBHA for more than 15 years.		0
Sources of Income	Applicable	
9 Households that accessed and/or maintained earned income from employment.		0
10 Households that accessed and/or maintained retirement.		0
11 Households that accessed and/or maintained Supplemental Security Income (SSI).		0
12 Households that accessed and/or maintained Social Security Disability Income (SSDI).		0
13 Households that accessed and/or maintained other welfare assistance (SNAP, WIC, TANF, etc.).		0
14 Households that accessed and/or maintained private disability insurance.		0
15 Households that accessed and/or maintained veterans disability payment (service or non-service connected payment).		0
16 Households that accessed and/or maintained regular contributions or gifts from organizations or persons not residing in the dwelling.		0
17 Households that accessed and/or maintained workers compensation.		0
18 Households that accessed and/or maintained general assistance (GA) or local program equivalent.		0
19 Households that accessed and/or maintained unemployment insurance.		0
20 Households that accessed and/or maintained other sources of income.		0
21 Households that had no income.		0
Sources of Medical Insurance and/or Assistance	Applicable	
22 Households that accessed and/or maintained Medicaid health program or local program equivalent		0
23 Households that accessed and/or maintained Medicare health insurance or local program equivalent		0
24 Households that accessed and/or maintained Veterans Affairs medical services		0
25 Households that accessed and/or maintained Texas HIV Medication Program (THMP)		0
26 Households that accessed and/or maintained Children's Health Insurance Program (CHIP) or local program equivalent		0
27 Households that accessed and/or maintained Ryan White-funded medical and/or dental assistance		0
Household Status		
28 Households that continued to the next year		0
29 Households whose destination was other HOPWA housing assistance		0
30 Households whose destination was other non-HOPWA housing assistance		0
31 Households whose destination was private housing		0
32 Households whose destination was an institutional arrangement expected to last more than six months		0
33 Households whose destination was an institutional arrangement expected to last less than six months		0
34 Households whose destination was transitional housing		0
35 Households whose destination was temporary housing		0
36 Households whose destination was emergency shelter		0
37 Households whose destination was a place not meant for human habitation		0
38 Households whose destination was a jail/prison term expected to last more than six months		0
39 Households whose destination was a jail/prison term expected to last less than six months		0
40 Households that were disconnected from care		0
41 Households where the eligible individual remained in housing until death		0

Part 5 Outcomes (Annual)

PHP Household Output: 0	Sources of Income		Applicable	
	1	Households that accessed and/or maintained earned income from employment.		0
	2	Households that accessed and/or maintained retirement.		0
	3	Households that accessed and/or maintained Supplemental Security Income (SSI).		0
	4	Households that accessed and/or maintained Social Security Disability Income (SSDI).		0
	5	Households that accessed and/or maintained other welfare assistance (SNAP, WIC, TANF, etc.).		0
	6	Households that accessed and/or maintained private disability insurance.		0
	7	Households that accessed and/or maintained veterans disability payment (service or non-service connected payment).		0
	8	Households that accessed and/or maintained regular contributions or gifts from organizations or persons not residing in the dwelling.		0
	9	Households that accessed and/or maintained workers compensation.		0
	10	Households that accessed and/or maintained general assistance (GA) or local program equivalent.		0
	11	Households that accessed and/or maintained unemployment insurance.		0
	12	Households that accessed and/or maintained other sources of income.		0
	13	Households that had no income.		0
	Sources of Medical Insurance and/or Assistance		Applicable	
	14	Households that accessed and/or maintained Medicaid health program or local program equivalent		0
	15	Households that accessed and/or maintained Medicare health insurance or local program equivalent		0
	16	Households that accessed and/or maintained Veterans Affairs medical services		0
	17	Households that accessed and/or maintained Texas HIV Medication Program (THMP)		0
	18	Households that accessed and/or maintained Children's Health Insurance Program (CHIP) or local program equivalent		0
	19	Households that accessed and/or maintained Ryan White-funded medical and/or dental assistance		0
	Household Status			
	20	Households whose destination was other HOPWA housing assistance		0
	21	Households whose destination was other non-HOPWA housing assistance		0
	22	Households whose destination was private housing		0

Part 5 Outcomes (Annual)

Housing Assistance Household Output: 0	Access to Care	Applicable	
	1 Households that had contact with a case manager		0
	2 Households that developed a housing plan for maintaining or establishing stable housing		0
	3 Households that accessed and/or maintained medical insurance and/or assistance		0
	4 Households that had contact with a primary health care provider		0
	5 Households that accessed and/or maintained sources of income		0
	6 Households that obtained and/or maintained an income-producing job		0
	HUD has set a national goal of at least 80 percent for each outcome measure in Rows 1-5. If any outcome measures did not reach 80 percent, briefly describe why in the field below.		
	Tip		

Additional DSHS Reporting Elements		Applicable	
1	Households that filed a complaint or grievance against the Project Sponsor for discrimination, wrongful termination, breach of confidentiality, etc.		0
2	Households that were terminated from the HOPWA program for a violation of program requirements or conditions of occupancy		0
3	Households that received a grace period for surviving or remaining household members		0
4	Households that received TBRA and/or TSH and transitioned to the Housing Choice Voucher Program or other affordable housing programs		0
5	Households that received TBRA and/or TSH and received a rent standard increase		0
6	Households offered TBRA that searched for a unit, but ultimately went unserved because of barriers to accessing rental assistance		0
7	Households that transitioned off of the TBRA waitlist and into TBRA services		0
8	Households that transitioned off of the STRMU waitlist and into STRMU services		0
9	Households that transitioned off of the FBHA waitlist and into FBHA services		0
10	Households that received TBRA and/or TSH and requested a Violence Against Women Act (VAWA) Emergency Transfer		0
a	Households that requested an internal emergency transfer		0
b	Households whose internal emergency transfer request was granted		0
c	Households that requested an external emergency transfer		0
d	Households whose external emergency transfer request was granted		0
e	Households whose internal/external emergency transfer request was denied		0
f	Households that successfully secured and transferred to a new unit or safe space		0

Part 6 Facility-Based Housing Assistance (Annual)

FBHA Household Output: 0	Facility-Based Housing Assistance							
	Facility 1	Facility 2	Facility 3	Facility 4	Facility 5	Facility 6	Facility 7	Facility 8
	Facility Information							
	1 Facility name							
	2 Medically assisted living facility							
	3 Placed into service during this program year							
	a If yes, how many units were placed into service	0	0	0	0	0	0	0
	Leasing							
	4 Households that received Leasing support	0	0	0	0	0	0	0
	5 Expenditures for Leasing support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Operating							
	6 Households that received Operating support	0	0	0	0	0	0	0
	7 Expenditures for Operating support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Hotel/Motel (Leasing)							
	8 Households that received Hotel/Motel support	0	0	0	0	0	0	0
	9 Expenditures for Hotel/Motel support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Master-Leasing							
	10 Households that received Master-Leasing support	0	0	0	0	0	0	0
	11 Expenditures for Master-Leasing support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	Project-Based Rental Assistance							
	12 Households that received Project-Based Rental Assistance support	0	0	0	0	0	0	0
	13 Expenditures for Project-Based Rental Assistance support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	FBHA Household Deduplication							
	14 Adjustment for Duplication: All FBHA Support Categories (Subtract)	0	0	0	0	0	0	0
	Total							
	15 Total Households (Sum of Rows 4, 6, 8, 10, and 12 minus Row 14)	0	0	0	0	0	0	0
	16 Total Expenditures (Sum of Rows 5, 7, 9, 11, and 13)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00