

WAHRS TRANSITIONAL LIVING QUARTERLY REPORT

Program Name: _____

City: _____

Person Completing This Report: _____

Report Period (annual): _____

1. Number of new youth provided Transitional Living housing and supportive services _____(Total)

_____ New

_____ Reopen (new contact after case has been closed)

2. Number of youth (counted in #1) that were pregnant and/or parenting _____

Number of children served with teen parent in #2 (above) _____

3. Locale Breakdown- Indicate the numbers of youth served that come from:

a. _____ County (ies) served by your program.

b. _____ Other served counties in Wisconsin.

c. _____ Unserved counties in Wisconsin.

d. _____ Other states.

* The total of a, b, c, and d must equal #1.

4. Race American Indian or Alaskan Native _____

Asian _____

Black or African American _____

White _____

Native Hawaiian or Other Pacific Islander _____

Not Provided _____

5. Ethnicity Not Hispanic or Latino _____

Hispanic or Latino _____

Not provided _____

6. Gender (#) Male _____

Female _____

7. Youth Issues Identified

Household Issues _____

Housing Issues _____

School and Education _____

Unemployment _____

Disability _____

Abuse and/or Neglect _____

Alcohol and Other Drug Abuse _____

Sexual Orientation/Gender Issues _____

Mental Health Issues _____

Health Issues _____

Family Dynamics _____

Other (Specify) _____

8. Discharge status of youth (total should equal #1).

a. _____ Youth secured independent living (other than home)

b. _____ Youth returned home

c. _____ Youth returned to the street or unknown destination

d. _____ Youth is still in TLP program

9. What percentage of youth went home or to a safe alternative? _____%

10. Total number of volunteer hours donated directly to your program. _____

Send Completed Forms, Each Quarter to:

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