**SAMPLE FORM FOR TRACKING INCREASED AVAILABILITY OF LONGER-TERM RESIDENTIAL SERVICES/PROGRAMMING**

*This form was designed to complete at baseline and then again on a periodic basis (e.g., monthly or quarterly) to measure change over time*

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please list your current programs/service areas for survivors in the column below.** | **Please list your current capacity** | **Please list how many survivors are currently receiving this service/ participating in this program.** | **Please list the duration of the program/service (how long survivors may use the service without interruption).** | **Do any of your responses represent increases over the last reporting period (the last time you completed this form)?** |
| Residential services: shelter and safety | (Total number of beds available) | (Total number of beds occupied) | (Total no. of days survivor can stay) | No  Yes: Please explain: |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |