



New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery

Andrew M. Cuomo, Governor
Arlene González-Sánchez, Commissioner

OASAS Housing Initiatives / Annual Status Report

- ❖ NY/NY III Congregate & Scatter-Site Supportive Housing
- ❖ Upstate Permanent Supportive Housing
- ❖ Re-Entry Permanent Supportive Housing

General Instructions

Purpose:

The Annual Status Report (ASR) is a reporting tool that OASAS will use to track program progress and accomplishments. This report will be used for OASAS' Permanent Supportive Housing (PSH) Initiatives.

Recordkeeping: Contractors must collect and maintain information on each participant in order to complete an ASR. Optional worksheets are attached. The worksheets may be used to record information manually or to design a computerized system to store and tabulate the information.

Organization of the Report: The ASR is organized in the following manner:

Part I: Project Progress. This portion of the report describes the progress in moving homeless persons to self-sufficiency, documenting services received, listing project goals, and accounting for beds/units.

Part II: Financial Information. All contractors receiving funding under OASAS' housing initiatives need to complete this portion of the report.

Final Assembly of Report. After the entire report is assembled, number every page sequentially. Mark any questions that do not apply to your program with "N/A" for not applicable.

Definitions of Client/Household Types. Each client/household type is defined below. Note that a client's client/household type should be based on the client's age and/or household composition *at the program entry date closest to the start of the operating year.*

Singles not in Families – Persons not accompanied by children, including pregnant women not accompanied by other children and unaccompanied youth, are singles not in families. When two adults or two unaccompanied youth present together for services, each person should be counted in singles not in families. Clients' household status should be determined based on their household composition at the program entry date closest to the start of the operating year. This means that pregnant women expected to give birth during their program stay should still be counted as singles not in families.

Families – A family is a household composed of two or more related persons, at least one of who is a child accompanied by an adult or a juvenile parent.

Adults in Families – Within a family, an adult is any person 18 years of age or older. For the purposes of ASR reporting, the determination of whether a person is an adult in family should be made based on their age and household composition at the program entry date closest to the start of the operating year.

Children in Families – Children in Families are defined as children under the age of 18 accompanied by one or more adults (parent, relative or guardian). Children in families also include both a juvenile parent and the parent's child(ren). For the purposes of ASR reporting, the determination of whether a person is a child in family should be made based on their age and household composition at the program entry date closest to the start of the operating year. For example, clients who are less than 18 years of age on the first day of the operating year or at program entry (if they entered during the operating year) should be counted as children even if they turn 18 during the course of the operating year.

Persons in Families – Persons in families includes adults in families and children in families.

Other Key Definitions. The following terms are used in the ASR. As indicated, in some cases, terms are applied differently depending on the source of funding.

Did not leave the program – This term refers to clients who were in the program on the last day of the operating year.



Disabling condition - OASAS defines a disabling condition as: (1) A disability as defined in Section 223 of the Social Security Act; (2) a physical, mental, or emotional impairment which is (a) expected to be of long-continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions; (3) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; or (4) the disease of acquired immunodeficiency syndrome or any conditions arising from the etiological agency for acquired immunodeficiency syndrome. For the Upstate Permanent Supportive Housing Initiative a diagnosable substance abuse disorder is also considered in this category.

Entered the program – Entered the program refers to the first day a client receives services. For a residential program, this date would represent the first day of residence in the program's housing. For services, this date may represent the day of program enrollment, the day a service was provided, or the first date of a period of continuous participation in a service (e.g., daily, weekly, or monthly).

Contractor means a direct recipient of the OASAS award.

Left the program – Left the program refers to the last day a client receives services. For a residential program, this date would represent the last day of residence in the program's housing. For services, the exit date may represent the last day a service was provided or the last date of a period of continuous service. If a client leaves the program temporarily (e.g., for a hospitalization) but is expected to return within 30 days, do not count that client as having left the program. **If a person returns to NY/NY III assisted housing after 90 days, that person should be considered a new participant.**

Operating year – The start of the operating year is defined on the contract that the Contractor receives from OASAS.

Participants – The term participant refers to Singles not in Families and Adults in Families as defined above. Participant does not include children or caregivers who live with the adults assisted.

Please return completed report to:

**New York State
Office of Alcoholism and Substance Abuse Services
1450 Western Avenue
Albany, New York 12203**

or

**501 Seventh Avenue – 8th Floor
New York, New York 10018**

**Attention: Bureau of Housing and Employment Services
(please include the name of the Housing Specialist assigned to your program)**



New York State Office of Alcoholism and Substance Abuse Services

Contracted Agency:

Contract Number:

Project Name:

Operating Year: (Check the operating year being reported on)

1 2 3 4 5

Reporting Period: (mm/dd/yy)

-

Previous Contract Numbers for this project:

Check the component for the program on which you are reporting.

**NY/NY III Scatter-Site
Supportive Housing**

**NY/NY III Congregate
Supportive Housing**

**Upstate Permanent
Supportive Housing**

**Re-Entry Permanent
Supportive Housing**

Print name & title of the person who can answer questions about this report:

Phone: (include area code)

Address:

Fax Number: (include area code)

E-mail Address:

I hereby certify that all the information stated herein is true and accurate.

Warning: OASAS will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Print: Name & Title of Authorized Contracted Official:

Signature & Date:

X



Part I: Project Progress

1. Persons Served during the operating year.

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the first day of the operating year				
b.	Number entering program during the operating year				
c.	Number who left the program during the operating year				
d.	Number in the program on the last day of the operating year (a + b - c) = d				

Explanatory notes:

See Definitions of Client/Household Types in the General Instructions above to determine which clients should be counted as Singles Not in Families, Adults in Families, and Children in Families. Note that this table does not account for changes in client/household type that may occur during the course of the operating year. Instead, each client should be assigned a single client/household type based on the client's age and/or household composition *at the program entry date closest to the start of the operating year*. In this way, each client is counted only once in the table.

- a. **Number on the first day of the operating year:** This row includes all clients who entered the program before the first day of the operating year and did not leave the program until after the first day of the operating year.
- b. **Number entering the program during the operating year:** This row includes all clients who entered the program on or after the first day of the operating year, up to and including the last day of the operating year. For clients with multiple program entry dates, use the entry date closest to the start of the operating year. Do not count the client more than once even if he/she entered the program more than once during the operating year.
- c. **Number who left during the operating year:** This row includes all clients who left the program on or after the first day of the operating year, up to and including the last day of the operating year. For clients with multiple program exit dates, use the exit date closest to the end of the operating year. Do not count the client more than once even if he/she exited the program more than once during the operating year.
- d. **Number in the program on the last day of the operating year:** This row includes all clients who were in the program as of the first day of the operating year or who entered during the operating year *and* who did not leave during the operating year. The number of clients or families in the program on the last day of the operating year is calculated based on the responses to rows 1a through 1c. For each column, add the number of clients or families in row 1a to the number of clients or families in row 1b and subtract the number of clients or families in row 1c. Therefore, $1d = 1a + 1b - 1c$.

2. Project Capacity.

		Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a.	Number on the last day (from 1d, columns 1 and 4)				
b.	Number of units awarded				
c.	Capacity Rate (divide a by b) = %				



3. Age and Gender. Of those who entered the project during the operating year, how many people are in the following age and gender categories?

Single Persons (from 1b, column 1)		Age	Male	Female
	a.	62 and over		
	b.	51-61		
	c.	31-50		
	d.	18-30		
	e.	17 and under		
Persons in Families (from 1b, columns 2 & 3)	f.	62 and over		
	g.	51 - 61		
	h.	31 - 50		
	i.	18 - 30		
	j.	13-17		
	k.	6-12		
	l.	1-5		
	m.	Under 1		

Explanatory Notes:

This question refers only to Singles not in Families and Persons in Families who entered the program during the operating year. Only clients who meet these criteria can be counted in this table. The total number of clients reported under Single Persons should be equal to the number reported in question 1b, column 1. The total number of clients reported under Persons in Families should be equal to the sum of columns 2 and 3 in question 1b.

Answer questions 4 - 8 only for **participants who entered the project during the operating year** (from 1b, columns 1 & 2). The term **participant** means Singles not in Families and Adults in Families. It does not include children or caregivers. NOTE: The total for questions, 5, 6 and 8 below should be the same; respond to each of those questions for all participants.

4. Veterans Status. A veteran is anyone who has ever been on active military duty status.

How many participants were veterans?

5. Ethnicity. How many participants are in the following ethnic categories?

a.	Hispanic or Latino	
b.	Non-Hispanic or Non-Latino	

Explanatory Notes:

Each participant should be listed in only one category. The total number of participants in this table should equal the number of participants in question 1b, columns 1 and 2.

6. Race. How many participants are in the following racial categories?

a.	American Indian/Alaskan Native	
b.	Asian	
c.	Black/African American	
d.	Native Hawaiian/Other Pacific Islander	
e.	White	
f.	American Indian/Alaskan Native & White	
g.	Asian & White	
h.	Black/African American & White	
i.	American Indian/Alaskan Native & Black/African American	
j.	Other Multi-Racial	



Explanatory Notes:

Each participant should be listed in only one category. A participant whose race does not correspond to categories a through i should be counted in j, Other Multi Racial. The total number of participants in this table should equal the number of participants in question 1b, columns 1 and 2.

7. **Special Needs.** In addition to a Substance Use Disorder, how many participants have the following? Participants may have more than one. If so, count them in all applicable categories.

a.	Mental illness	
b.	HIV/AIDS and related diseases	
c.	Developmental disability	
d.	Physical disability	
e.	Domestic violence	
f.	Other (please specify)	

8. **Prior Living Situation.** How many participants slept in the following places in the week prior to entering the project? (For each participant, choose one place. The total number of participants in the column should equal the number of participants in question 1b.

a.	Non-housing (street, park, car, bus station, etc.)	
b.	Emergency shelter	
c.	Transitional housing for homeless persons	
d.	Psychiatric facility	
e.	Substance abuse treatment facility	
f.	Hospital	
g.	Jail/prison	
h.	Domestic violence situation	
i.	Living with relatives/friends	
j.	Other (please specify)	

9. **Amount and Source of Monthly Income at Entry and at Exit.** Of those participants who left during the operating year, how many Participants were at each monthly income level and with each source of income? The number of participants in Chart A and B should be the same.

	A. Monthly Income at Entry	
a.	No income	
b.	\$1-150	
c.	\$151 - \$250	
d.	\$251- \$500	
e.	\$501 - \$1,000	
f.	\$1001- \$1500	
g.	\$1501- \$2000	
h.	\$2001 +	

	B. Income Sources At Entry	
a	Supplemental Security Income (SSI)	
b	Social Security Disability Income (SSDI)	
c	Social Security	
d	General Public Assistance	
e	Temporary Aid to Needy Families (TANF)	
f	State Children’s Health Insurance Program (SCHIP)	
g	Veterans Benefits	
h	Employment Income	
i	Unemployment Benefits	
j	Veterans Health Care	
k	Medicaid	
l	Food Stamps	
m	Other (please specify)	
n	No Financial Resources	



	C. Monthly Income at Exit	
a.	No income	
b.	\$1-150	
c.	\$151 - \$250	
d.	\$251- \$500	
e.	\$501 - \$1,000	
f.	\$1001- \$1500	
g.	\$1501- \$2000	
h.	\$2001 +	

	D. Income Sources at Exit	
a	Supplemental Security Income (SSI)	
b	Social Security Disability Income (SSDI)	
c	Social Security	
d	General Public Assistance	
e	Temporary Aid to Needy Families (TANF)	
f	State Children's Health Insurance Program (CHIP)	
g	Veterans Benefits	
h	Employment Income	
i	Unemployment Benefits	
j	Veterans Health Care	
k	Medicaid	
l	Food Stamps	
m	Other (please specify)	
n	No Financial Resources	

Explanatory Notes:

Table A: Monthly income at entry refers to the participant's monthly income on the day he/she entered the program (i.e., on the program entry date or as close as possible to that day). You should not report on income received before entering the program or income received during the program stay.

Table B: Income sources at entry refers to the participant's sources of income on the day he/she entered the program (i.e., on the program entry date or as close as possible to that day). You should not report on sources of income received before entering the program or income received during the program stay. Participants with no income at the time of program entry should be reported in category n, No Financial Resources.

Table C: Monthly income at exit refers to the participant's monthly income on the day he/she left the program (i.e., on the program exit date or as close as possible to that day). You should not report on income received during the program stay.

Table D: Income sources at exit refers to the participant's sources of income on the day he/she left the program (i.e., on the program exit date or as close as possible to that day). You should not report on sources of income received during the program stay. Participants with no income at the time of program exit should be reported in category n, No Financial Resources.

10. Of those participants who **left** during the operating year (from 1c, columns 1 and 2), how many were in the project for the following lengths of time?

a.	Less than 1 month	
b.	1 to 2 months	
c.	3 - 6 months	
d.	7 months - 12 months	
e.	13 months - 24 months	
f.	25 months - 3 years	
g.	4 years - 5 years	
h.	6 years - 7 years	
i.	8 years - 10 years	
j.	Over 10 years	



11. Reasons for Leaving. Of those participants who **left** the project during the operating year (from 1c, columns 1 and 2), how many left for the following reasons? If a participant left for multiple reasons, **include only the primary reason.**

a.	Left for a housing opportunity	
b.	Non-payment of rent/occupancy charge	
c.	Non-compliance with project	
d.	Criminal activity / destruction of property / violence	
e.	Needs could not be met by project	
f.	Disagreement with rules/persons	
g.	Death	
h.	Other (please specify)	
i.	Unknown/disappeared	

12. Destination. Of those participants who **left** during the operating year (from 1c, columns 1 and 2), how many left for the following destination:

PERMANENT (a-f)	a.	Rental house or apartment (no subsidy)	
	b.	Public Housing	
	c.	Section 8	
	d.	Other subsidized house or apartment	
	e.	Homeownership	
	f.	Moved in with family or friends (<i>positive</i>)	
TRANSITIONAL (g-h)	g.	Transitional housing for homeless persons	
	h.	Moved in with family or friends (<i>negative</i>)	
INSTITUTION (i-k)	i.	Psychiatric hospital	
	j.	Inpatient alcohol or other drug treatment facility	
	k.	Jail/prison	
EMERGENCY SHELTER (l)	l.	Emergency shelter	
OTHER (m-o)	m.	Other supportive housing	
	n.	Places not meant for human habitation (e.g. street)	
	o.	Other (please specify)	
UNKNOWN	p.	Unknown	

Explanatory Notes:

Identify each participant’s destination upon leaving the program using the categories provided. The response categories combine “destination” (e.g., rental house or apartment, public housing, homeownership, etc.) and “tenure” (e.g., permanent, transitional, etc.). Consider both destination and tenure to determine the most appropriate response, and be sure to look at all of the response categories before making a selection. The table below provides a brief description of each response category.

Enter the number of participants under each destination category in either the first column of the table or in both columns if the participant. Only one reason for leaving should be recorded per participant.

Tenure		Destination	Description
Permanent	a.	Rental house or apartment (no subsidy)	Participant is moving to an apartment or house without any subsidy.
	b.	Public housing	Participant is moving to a public housing unit.
	c.	Section 8	Participant will use a housing choice voucher (formerly known as a Section 8 voucher) to rent a house or apartment.
	d.	Other subsidized house or apartment	Participant is moving to a unit subsidized by some program other than public housing, housing choice voucher program (formerly Section 8), Shelter Plus Care, or HOME.
	e.	Homeownership	Participant is moving to a unit that he/she has purchased.
	f.	Moved in with family or friends	Participant is moving in with family or friends and expects to



Tenure		Destination	Description
			live there for 90 days or more.
Transitional	g.	Transitional housing for homeless people	Participant is moving into a unit funded by a transitional housing program for homeless people (e.g., transitional housing funded through the Supportive Housing Program).
	h.	Moved in with family or friends	Participant is moving in with family or friends and expects to live there less than 90 days.
Institution	i.	Psychiatric hospital	Participant is moving to a psychiatric hospital.
	j.	Inpatient alcohol or other drug treatment facility	Participant is moving to an inpatient alcohol or drug treatment facility.
	k.	Jail/Prison	Participant is moving to a jail or prison.
Emergency Shelter	l.	Emergency shelter	Participant is moving to an emergency shelter for homeless people.
Other	m.	Other supportive housing	Participant is moving into supportive housing that does not correspond to any of the permanent housing categories (a-h) and is not transitional housing for homeless people (i), such as Section 811 housing.
	n.	Places not meant for human habitation	Participant is moving to a place not meant for human habitation, such as a car, park, sidewalk, or abandoned building.
	o.	Other (please specify)	Participant is moving to a place that does not correspond to any of the categories above (a-p).
Unknown	p.	Unknown	This response category should be used if you are unsure about where the participant is moving or if the participant has disappeared and there is no way to find out where he/she is.

Explanatory Notes:

Compute each participant's length of stay using the participant's program entry date and program exit date. If the participant has only one program exit date during the operating year, calculate length of stay by subtracting the program entry date from the program exit date. If the participant has multiple program exit dates during the operating year, calculate the length of stay for each program stay (by subtracting the program entry date from the program exit date for each program stay) and add them together to produce a cumulative length of stay. Each participant should be associated with only one length of stay category.

- 13. Length of Stay in Program.** For those participants who did not leave during the operating year (from 1d, columns 1 and 2), how long have they been in the project?

a.	Less than 1 month	
b.	1 to 2 months	
c.	3 - 6 months	
d.	7 months - 12 months	
e.	13 months - 24 months	
f.	25 months - 3 years	
g.	4 years - 5 years	
h.	6 years - 7 years	
i.	8 years - 10 years	
j.	Over 10 years	

Explanatory Notes:

Compute each participant's length of stay using the participant's program entry date and the last day of the operating year. To calculate length of stay, subtract the program entry date from the last day of the operating year. Each participant should be associated with only one length of stay category.



14. **Income Source.** For those participants who did **not leave** during the operating year (from 1d, columns 1 and 2), what is their current income source?

	Current Income Sources	
a.	Supplemental Security Income (SSI)	
b.	Social Security Disability Income (SSDI)	
c.	Social Security	
d.	General Public Assistance	
e.	Temporary Aid to Needy Families (TANF)	
f.	State Children's Health Insurance Program (SCHIP)	
g.	Veterans Benefits	
h.	Employment Income	
i.	Unemployment Benefits	
j.	Veterans Health Care	
k.	Medicaid	
l.	Food Stamps	
m..	Other (please specify)	
n.	No Financial Resources	

Explanatory Notes:

Current income sources refer to the participant's sources of income on the end of the operating year. Participants with no income at the end of the operating year should be reported in category n, No Financial Resources.

15. Support Services

This exhibit provides information to OASAS of the collective amount and frequency of services received by all participants during the operating year.

Current: All participants who did **not leave** during the operating year (*Stable and newly housed participants*)

	Support Services	Aggregate # of visits annually	Frequency* (See below)
a.	Outreach		
b.	Case management		
c.	Life Skills (outside of case management)		
d.	Alcohol and drug abuse services		
e.	Mental health services		
f.	AIDS – related services		
g.	Other health care services		
h.	Education		
i.	Housing placement		
j.	Employment assistance		
k.	Child care		
l.	Transportation		
m.	Legal		
n.	Other (please specify)		



Frequency*	Key	Description
Daily	D	Every day
Weekly	WK	Every week
Biweekly	BW	Every two weeks
Monthly	MTH	Every month
Quarterly	QTR	Every three months
Sporadically	SPR	Intermittently
Annually	AN	Every year

Discharged: All residents voluntary or non-voluntary terminated from the program during the operating year.

	Support Services	# of Visits Annually	# Receiving Services
a.	Outreach		
b.	Case management		
c.	Life Skills (outside of case management)		
d.	Alcohol and drug abuse services		
e.	Mental health services		
f.	AIDS – related services		
g.	Other health care services		
h.	Education		
i.	Housing placement		
j.	Employment assistance		
k.	Child care		
l.	Transportation		
m.	Legal		
n.	Other (please specify)		



16. Overall Program Goals: Under objectives, list your measurable objectives for this operating year from the previous ASR for each of the three goals listed below (document last year's goals here). Under progress, describe your progress in meeting the objectives (document the progress of last year's goals). Under next Year's Objectives, specify the measurable objectives for the next operating year (document same goal or new/ different goals).

a. Residential Stability

Objectives:

Progress:

Next Operating Year's Objectives:

b. Increased Skills or Income

Objectives:

Progress:

Next Operating Year's Objectives:

c. Greater Self-determination

Objectives:

Progress:

Next Operating Year's Objectives:



Part II: Financial Information

17. Summary of Expenditures

Enter the amount of the project's award and its use.

Expenditure Categories	Contract amount awarded	Actual funds used
a. Leasing		
b. Operating Costs		
c. Administration		
d. Contingency		
e. Other_		

Technical Assistance and Recommendations

Based on your experience during the last year, are there any areas in which you need technical advice or assistance.

