

## Annual Supportive Services Report

PHFA # : \_\_\_\_\_

Name of individual completing this report: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Changes to Supportive Service Plan:

<i>Complete table across for each type of service offered below. See example below:</i>	<b>Service Provider (name of agency or in-house)</b>	<b>Specific Service Provided</b>	<b>Source of support *</b>	<b># of hours of service</b>	<b># of unduplicated residents served</b>	<b>Impact of service on residents/community</b>
<i>Adult Activities Transportation</i>	<i>YMCA In-house</i>	<i>Exercise classes Van shuttle service</i>	<i>D Op</i>	<i>150 hrs 600 hrs</i>	<i>27 residents 48 residents</i>	<i>Improved resident health and social interaction. Increased mobility &amp; community involvement.</i>
Adult Activities						
Youth Activities						
Health Promotion & Health Services						
Housekeeping/Errands						
Job Training/GED /Education						
Life Skills Training						
Meals						
Service Coordination						
Transportation						
Other:						

\* Source of support: identify whether service was paid for through site annual operating budget (Op), Supportive Services Escrow (Es) account, donated (D) or other sources.