

Emergency Shelter / Transitional Housing Facility Report

Quarterly Report

Reporting Agency: _____

Agency Contact Person: _____

Year: _____

Reporting Quarter: _____

Measure	Target	Outcomes/Outputs	Q1	Q2	Q3	Q4	YTD
Unique households		Number of unduplicated households (carryover in Quarter 1)					
Single Night Capacity		Number of household units at facility(ies)					
Quarterly Capacity (Unit-Nights)		Number of household units multiplied by days in quarter					
Bed or unit utilization		Unit-Nights of use divided by quarterly capacity					
Length of Stay (average)		For each family that exits, the average number of nights at the shelter					
Length of Stay (median)		For each family that exits, the median number of nights at the shelter					
Service Connection		Percent of all households that left the shelter this quarter who participated in activities, during their stay, which increase future housing retention					
# of exits annually		# of exits this quarter (total number of households):					
		• Exits to unsheltered homelessness					
		• Exits to different emergency shelters					
		• Exits to transitional housing programs					
		• Exits to rapid re-housing programs					
		• Exits to permanent supportive housing program					
		• Exits to private housing with subsidies					
		• Exits to private housing without subsidies					
		• Other:					
Origin of new clients this quarter	N/A	# of entries this quarter (include duplicate households):					
		• Entries from unsheltered homelessness					
		• Entries from different emergency shelters					
		• Entries from transitional housing programs					
		• Entries from rapid re-housing programs					
		• Entries from permanent supportive housing program					
		• Entries from stable housing					
		• Other:					
		• Other:					
Notes:							

Please submit this report by the 15th of the month following end of quarter to BJJOHNSO@CO.WHATCOM.WA.US and CDONOFRI@CO.WHATCOM.WA.US or fax to 360-778-6004

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