

ANNUAL PROGRAM MONITORING REPORT  
Homeless Outreach Mentor



Organization name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Community: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Report for Period: From \_\_\_\_\_ To \_\_\_\_\_  
Month-Year Month-Year

**Report Analysis / Comments**

Please describe the progress achieved for each of the following activities and outcomes as outlined in your Service Purchase Agreement. Please provide specific examples.

**SERVICE ACTIVITIES**

- 1) Engage with homeless individuals through street outreach and agency and shelter visits. *Please describe where you conduct your outreach activities and how much time you spend weekly developing/strengthening relationships with clients.*

- 2) Help homeless individuals achieve personal goals and facilitate access to housing, health, social and income related community resources. *Please tell us how many clients you have worked with to develop case management plans and what community resources have been worked with to provide case management support.*

- 3) Directly or indirectly provide homeless individuals with housing supports that will support permanent (long-term) stable housing. *Please describe what housing supports have been provided and/or what other efforts have been made to help clients develop the capacity to maintain stable tenancies.*

- 4) Connect and develop working relationships with community landlords to help HOM clients secure leases and to assist HOM clients in maintaining stable tenancies. *Please tell us how many landlords you have worked with to support client tenancies. Please describe how you have worked with landlords to help clients achieve and maintain stable tenancies.*

ANNUAL PROGRAM MONITORING REPORT  
Homeless Outreach Mentor



- 5) Develop and maintain connections and working relationships with service providers to provide consistent services to HOM clients and to identify future clients. *Please list the community organizations you have worked with during this reporting period. Please list services you've helped clients access through these partnerships.*

- 6) Conduct periodic follow-ups with HOM clients no longer needing intensive supports. *How often do you connect with clients no longer needing intensive supports? What services do you continue to provide to them?*

- 7) Please describe any success stories or lessons learned that have occurred during the last year:

- 8) Please identify any trends and barriers Homeless Individuals are facing within your local community and any possible solutions your organization has for resolving these challenges.

- 9) Please mention any other topics of interest or issues of note that you would like to Manitoba Housing to be aware of.

\_\_\_\_\_  
*Date Report Submitted*

\_\_\_\_\_  
*HOM Supervisor Signature*