



LE CO-RESPONDER QUARTERLY REPORTING FORM

Reports are due on the 10th of the month following the reported quarter. Please complete all sections and send completed reports to: deliverables@nsbhaso.org.

Program:

Reporting Year:

Reporting Period:

		Month 1	Month 2	Month 3
	<i>Please Select Month:</i>			
1.	Total Number of Field-Based contacts			
2.	Total Number of unduplicated contacts			
3.	Number of unduplicated individuals diverted from the arrest or other criminal justice involvement			
4.	Number of unduplicated individuals provided case management			
5.	Number of unduplicated individuals connected to mental health services			
6.	Number of unduplicated individuals connected to SUD services			
7.	Number of unduplicated individuals completed housing assessment			
8.	Number of unduplicated individuals requiring parallel emergency services			
9.	Number of unduplicated individuals served from Tribal Partners / IHCP Involvement			
10.	Number of unduplicated individuals served requiring DCR Collaboration			

Success Narrative:

Challenge Narrative:

Additional Notes/Information

Additional Notes/Narratives/Information: