



South Carolina Department of Veterans Affairs

Veteran Homelessness and Transitions Grant Monthly Report Form

1. Grantee Information

Organization Name:	
Program Name:	
Program Contact Name:	
Title:	Email:
Phone:	
Grant Period:	Reporting Month:
Report Prepared By:	Date Submitted:

2. Demographic and General Statistics

Demographic Information		Age Groups		Race/Ethnicity	
Total Number of Veterans Served this month		18-29:		African American/Black:	
Gender		30-49:		Hispanic/Latino:	
Male:		50-64:		White/Caucasian:	
Female:		65-75:		Asian/Pacific Islander:	
Non-Binary/Other:		75+:		Native American:	
				Other:	

Military Branches		Military Service Era	
Army		Pre-Vietnam:	
Air Force		Vietnam Era:	
Navy		Post-Vietnam:	
Marine		Gulf War:	
Coast Guard		Post-9/11:	
National Guard			
Reserve			



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4. Homeless Veteran Housing Assistance Services

Programmatic		Financial	
Total Number of Veterans Served:		Total Expenditures of Veterans Served:	\$
Emergency Shelter:		Emergency Shelter:	\$
Permanent Housing:		Permanent Housing:	\$
Transitional Housing:		Transitional Housing:	\$
Hotel Assistance:		Hotel Assistance:	\$
Grocery		Grocery	\$
Total Transportation Assistance			
Bus Passes:		Bus Passes:	\$
Rideshare:		Rideshare:	\$

Challenges and Successes

Describe any challenges faced during the reporting month:
Describe any successes or positive outcomes:
Additional Comments or Notes:
Provide any additional information that may be relevant to the report:

Certification

I certify that the information provided in this report is accurate and complete to the best of my knowledge.

Signature: _____

Date: _____



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5. Veteran Rental and Utility Financial Assistance

Programmatic		Financial	
Total Number of Veterans Assisted:		Total Expenditures for Veterans Receiving Financial Assistance:	\$
Number of Veterans Assisted Per Service Category		Total Cost Financial Assistance Per Service Category	
Rent Payments: <input type="checkbox"/> Security Deposit _____ <input type="checkbox"/> First Month Rent _____ <input type="checkbox"/> Late Fees _____ <input type="checkbox"/> Payment Arrears/ Eviction _____		Rent Payments: <input type="checkbox"/> Security Deposit \$ _____ <input type="checkbox"/> First Month Rent \$ _____ <input type="checkbox"/> Late Fees \$ _____	
Utility Payments			
<input type="checkbox"/> Water		<input type="checkbox"/> Water	
Connection		Connection \$	
Reconnection		Reconnection \$	
Payments in Arrear		Payments in Arrears \$	
<input type="checkbox"/> Gas		<input type="checkbox"/> Gas	
Connection		Connection \$	
Reconnection		Reconnection \$	
Payments in Arrears		Payments in Arrears \$	
<input type="checkbox"/> Internet		<input type="checkbox"/> Internet	
Connection		Connection \$	
Reconnection		Reconnection \$	
Payments in Arrears		Payments in Arrears \$	
<input type="checkbox"/> Veteran Primary Cell Phone		<input type="checkbox"/> Veteran Primary Cell Phone	
Connection		Connection \$	
Reconnection		Reconnection \$	
Payments in Arrears		Payments in Arrears \$	
Average Financial Assistance per Veteran:			\$



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Challenges and Successes

Describe any challenges faced during the reporting month:
Describe any successes or positive outcomes:
Additional Comments or Notes:
Provide any additional information that may be relevant to the report:

Certification

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Signature:

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6. Veteran Employment Services

Programmatic		Financial	
Total Number of Veterans Served:		Total Expenditures for Veterans Employment Services:	\$
Types of Employment Services Provided			
Job Training and Skills:		Job Training and Skills:	\$
Job Placement:		Job Placement:	\$
Resume Assistance:		Resume Assistance:	\$
Interview Preparation:		Interview Preparation:	\$
Professional Certifications provided		Professional Certifications provided	\$
Tools and uniforms required to perform the job tasks assigned by the employee:		Tools and uniforms required to perform the job tasks assigned by the employee:	\$
Number of Veterans Successfully Employed:			

Challenges and Successes

Describe any challenges faced during the reporting month:
Describe any successes or positive outcomes:
Additional Comments or Notes:
Provide any additional information that may be relevant to the report:

Certification

I certify that the information provided in this report is accurate and complete to the best of my knowledge.

Signature:

Date



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7. Veterans' Substance Abuse and Transitional Housing Assistance

Number of Veterans Served:	
Types of Substance Abuse Services Provided:	
Number of Veterans Successfully Completing Treatment:	
Number of New Veterans Enrolled This Month	
Total Number of Veterans Enrolled in Program to Date	
Number of Veterans Exiting the Program:	
Reason for Exit (Specify):	
Average Length of Stay in Program:	
Outcomes Achieved (Specify):	
Number of Veterans Transitioning to Permanent Housing:	

Challenges and Successes

Describe any challenges faced during the reporting month:
Describe any successes or positive outcomes:
Additional Comments or Notes:
Provide any additional information that may be relevant to the report:

Certification

I certify that the information provided in this report is accurate and complete to the best of my knowledge.

Signature:

Date