ANNUAL PROGRAM MONITORING REPORT Ray Emergency Shelter and Transition Program (REST)



Organization name:								
Cor	ntact:			_				
Con	mmunity:							
Phone:				Fax:				
Report for Period:		From			То			
			Month-Year			Month-Yea	r	
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)	Please describe how you pre-screen and select your participants. How many individuals were pre-screened and how many were selected as program participants during the reporting period?							
2)	How many individual How many units v					nits during the re	porting period?	
3)	How frequently dissues that RAY/lused to provide a	REST participai	nts have require					

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How many program participants were referred to the RAY Homeless Outreach Mentor? How m participants did the RAY Homeless Outreach Mentor assist in accessing permanent housing?
How many transfers out of units were provided to RAY/REST participants during the reporting period? H
many participants were supported through evictions and what strategies were used to lessen the impact
evictions?

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7)	permanent housing? On average, how long are interim s	
L		
8)	What tools does your organization use to track participathe following areas be made available to Manitoba Houset and goals achieved, unit inspection findings, aggre	sing upon request (intake numbers, participant goals
	and types of permanent housing acquired)?	
9)	Please mention any other topics of interest or issues of aware of.	note that you would like to Manitoba Housing to be
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	Date Report Submitted	REST Supervisor