

ANNUAL PROGRAM MONITORING REPORT  
Emergency Shelter Services



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) Provide clean and safe sleeping accommodations for shelter clients. *Please describe the space in which clients sleep. Please describe measures taken to ensure client comfort and safety.*

- 2) Provide competent and trained personnel. *Please describe what training staff take to be able to provide appropriate services to clients. Please describe expected staff competencies.*

- 3) Provide on-site access to basic first aid, washroom facilities and supplies. *Do facility staff have first aid training, and are first aid supplies readily available on-site? Does the facility have operational accessible washrooms for both men and women?*

- 4) Providing on-site access to nutrition information and clothing exchange. *Do facility staff provide access to nutritional information to clients? How is nutritional information disseminated? Does the shelter have a clothing exchange? Does the shelter provide appropriate seasons attire?*

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5) Maintaining the physical structure of the facility. *Please tell us what types of facility repairs have been undertaken during the past year. Please describe any current repairs that require attention:*

6) Making information and resources available to assist individuals in accessing appropriate supports and services. *What resources are clients connected with in order to help them attain appropriate supports?*

7) Working in partnership with the Homeless Outreach Mentor Team to assist individuals access services and housing. *How many shelter clients have been referred to the HOM program?*

8) 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*

\_\_\_\_\_  
*Shelter Manager Signature*