Form A02 (Rev. 12/00)

Transitional Housing Admission And Discharges

I. Report Date: Month / Year

II. Agency Information

Program Code: _____

Program Name: _____

III. Program Type

☒ Transitional Housing Pgm # _____

IV. Admissions/Discharges

Family Unit ID	Num. of Adults Admitted	Num. of Children Admitted	Date Entered	Date of Discharge	Length of Stay

V. Totals

	Total Adults Admitted	Total Children Admitted	Total Families Discharged	Total Length of Stay
Sub				
Grand				

VI.

Dest. Code

VII. Destination Code Totals

Families

	A	Living independently in home abuser vacated
	B	Living independently in new location
	C	Living with family or friends
	D	Returned to batterer
	E	To another emergency DV residential program
	F	To homeless shelter
	G	To another transitional housing program
	H	Other; specify below*
	I	Destination unknown

* Specify Other Denial Reasons here (if applicable)

Instructions: **I. Reporting Date**: Enter the reporting month and year. **II. Program Code**: Assigned and pre-entered by NYS OCFS. **Program Name**: Pre-entered by NYS OCFS. **III. Program Type**: Pre-entered by NYS OCFS. **IV. Admissions/Discharges**: For each family that enters and/or is discharged from the facility during the reporting month, complete columns one through six as follows: *Column One* – Family Unit ID – Enter a discreet family unit identification code. *Column Two* – Adults – Enter the number of adults in the family unit that were admitted to the facility during the reporting month. *Column Three* – Children – Enter the number of children in the family unit that were admitted to the facility during the reporting month. *Column Four* – Date Entered – Enter the date the family first slept over in the facility. *Column Five* – Date of Discharge – Enter the date the family left the facility, if applicable. If a family has been admitted and discharged during the same reporting month, use the same line to complete columns one through six. If a family leaves the facility and is readmitted during the same reporting month, use the same family unit code but complete the relevant information on two separate lines. *Column Six* – Length of Stay – For discharged families only, enter the total length of stay (in days) for each family discharged by counting the number of days from the date entered through the date discharged. For example, if a family was admitted on 1/2/00 and left 1/10/00, the length of stay would be 8 days. **V. Totals**: At the end of the month, complete the totals by adding the figures of those families/individuals who were admitted and/or discharged during the reporting month. If using multiple forms, please only include the *Grand Total* on one form. **VI. Destination Codes**: Enter one code for the destination of the family upon departure from the facility for each family discharged in the reporting month. Use the destination codes (letters A through I) provided under Section VI. **VII. Destination Code Totals**: At the end of the month, calculate the number of families that were discharged to each of the destination codes (from Section V.) and enter the totals next to the appropriate code. For example, if four of the families discharged in the reporting month relocated to another Transitional Housing program, you would enter a 4 on line G. *Destination codes should equal the number of families discharged.*