

# Congregate Housing Services Program Annual Reporting Form

**U.S. Department of Housing  
and Urban Development**  
Office of Housing  
Federal Housing Commissioner

OMB Approval No. 2502-0485  
(exp. 10/31/2026)

**Please read the Instructions and the Public Reporting Statement before completing this form**

|   |  |
|---|--|
| Name & Address of Grantee   | Name & Address of Project (if different) |
| <b>Note:</b> Grantees with multiple sites must complete a form for each site and submit aggregate information to HUD. |  |

|   |             |                |           |
|---|-------------|----------------|-----------|
| Reporting Period<br>Oct. 1, 20__ to<br>Sept. 30, 20__ | Grantee No. | Contact Person | Phone No. |
|---|-------------|----------------|-----------|

  

| 1. Type of Project (check only one box) | Elderly/Disabled<br>For-Profit | Mixed<br>Non-Profit | Non-Elderly/Disabled<br>For-Profit | Non-Profit | 2a. Range of all participants' ages                            |
|---|--------------------------------|---------------------|------------------------------------|------------|--|
| PHA                                     |                                |                     |                                    |            | Youngest   |
| IHA                                     |                                |                     |                                    |            | Oldest   |
| 202                                     |                                |                     |                                    |            | 2b. Average age  |
| 236                                     |                                |                     |                                    |            |  |
| 221 (d)                                 |                                |                     |                                    |            | Non-Elderly Disabled   |
| Sec. 8                                  |                                |                     |                                    |            | 3. Average number of weeks temporarily disabled served by CHSP |
| RHS                                     |                                |                     |                                    |            |  |
|   |                                |                     |                                    |            | Non-Elderly Disabled   |

| 4. Numbers and Types of People Served |                              | Race/Ethnicity      |                     |                                   |                              |          |
|---------------------------------------|------------------------------|---------------------|---------------------|-----------------------------------|------------------------------|----------|
| a. Elderly/<br>Non-Elderly Disabled   | Total No. of<br>Participants | White<br>(Non-Hisp) | Black<br>(Non-Hisp) | American Indian<br>Alaskan Native | Asian or<br>Pacific Islander | Hispanic |
| M 62+                                 |                              |                     |                     |                                   |                              |          |
| F 62+                                 |                              |                     |                     |                                   |                              |          |
| M 18-61                               |                              |                     |                     |                                   |                              |          |
| F 18-61                               |                              |                     |                     |                                   |                              |          |
| <b>Subtotal</b>                       |                              |                     |                     |                                   |                              |          |
| <b>b. Temporarily Disabled</b>        |                              |                     |                     |                                   |                              |          |
| M 62+                                 |                              |                     |                     |                                   |                              |          |
| F 62+                                 |                              |                     |                     |                                   |                              |          |
| M 18-61                               |                              |                     |                     |                                   |                              |          |
| F 18-61                               |                              |                     |                     |                                   |                              |          |
| <b>Subtotal</b>                       |                              |                     |                     |                                   |                              |          |
| <b>c. Grand Total</b>                 |                              |                     |                     |                                   |                              |          |

| 5. Services Provided * |   |                    |   | Cost Distribution.                               |                           |                    |                 |
|------------------------|---|--------------------|---|--|---------------------------|--------------------|-----------------|
| Service Type<br>a.     | Total No.<br>of Units<br>Provided<br>b. | Unit<br>Type<br>c. | Number of<br>Participants<br>Served<br>d. | Enter the dollar amounts expended and the source |                           |                    |                 |
|                        |   |                    |   | Total Cost<br>e.                                 | Match/Grantee Cont.<br>f. | Partic. Fees<br>g. | HUD Grant<br>h. |
| Case Management        |   | hours              |   |  |                           |                    |                 |
| Meals                  |   | meals              |   |  |                           |                    |                 |
| Housekeeping Aid       |   | hours              |   |  |                           |                    |                 |
| Personal Assistance    |   | hours              |   |  |                           |                    |                 |
| Transportation         |   | one-way trip       |   |  |                           |                    |                 |
| Other: (list)          |   |                    |   |  |                           |                    |                 |
|                        |   |                    |   |  |                           |                    |                 |
|                        |   |                    |   |  |                           |                    |                 |
|                        |   |                    |   |  |                           |                    |                 |
| Administration         |   |                    |   |  |                           |                    |                 |
| Total                  |   |                    |   |  |                           |                    |                 |

\* **Note:** List unit type in column c for "Other" services listed. Numbers in column d must be equal to or less than those in line 4c.

|  |  |  |
|--|--|--|
| 6a. Number of participants who use food stamps to pay meals fees | 6b. Total dollar amount collected from food stamps | 7. Dollar value of surplus commodities received from the Department of Agriculture |
|--|--|--|

|   |                            |                                |                    |                          |
|---|----------------------------|--------------------------------|--------------------|--------------------------|
| 8. Number of new participants who joined the CHSP during the reporting period and breakdown by source |                            |                                |                    |                          |
| Total number who joined CHSP  | From within CHSP project   | From other HUD projects        | From nursing homes | From mental institutions |
| From hospitals  | From own private home/apt. | From board and care facilities | Other (specify)    |                          |

|   |                 |   |                                     |                     |
|---|-----------------|---|-------------------------------------|---------------------|
| 9. Number of participants who left the CHSP during the reporting period and breakdown by reason |                 |   |                                     |                     |
| Total number who left CHSP  | Death           | Permanently relocated to a nursing home | Permanently relocated to a hospital | Relocated to family |
| Out of CHSP but remained in the project   | Other (specify) |   |                                     |                     |

10. Attach a brief narrative report describing the operation of the CHSP during the reporting period. Include issues or problems concerning the operation of the CHSP, e.g. workload of the PAC and the Service Coordinator, provision of services, fee scale, attracting or maintaining the number of participants planned for the program, etc.

|  |           |      |
|--|-----------|------|
| Prepared by (Print name)                     | Signature | Date |
| Reviewed by (for Grantee agency)(Print name) | Signature | Date |
| Reviewed by (GTR's Name & Field Office)      | Signature | Date |

GTR comments:(Attach a separate page if necessary.)

Public reporting burden for this collection of information is estimated to average 14 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. The information is basic to the operations of the Congregate Housing Services Program. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. The controls must be maintained as long as current grants are in operation. Section 802 of the National Affordable Housing Act authorizes/ requires matching funds and participant fee collections that are reported on these forms. The rule at 24 CFR 700.155(d) requires grantees to submit these forms. The information will be used by State/Area offices to ensure that grant funds are being used properly. This includes grantees' expense of appropriate grant monies during each annual grant period and the use of grant funds to provide eligible activities to eligible residents, and to ensure that statutory requirements are being met. Program staff use the information to compile annual program data. Grantees must complete forms and report grant activity in order to continue receiving grant funds. Each grantee is required to maintain confidentiality of information related to any individual, per the Privacy Act of 1974.

## Instructions for Completing the Congregate Housing Services Program Annual Reporting Form HUD-90006

The data requested on this form represent numbers of people served and dollar amounts expended during the reporting period. Grantees are asked to complete this form for each Federal fiscal year - October 1 through September 30. This twelve month period is the reporting period. Completed annual report forms are due to your local GTR on October 30 of each year, along with your fourth quarterly report.

Information provided on this report must reflect the actual costs spent on services and administration during the reporting period. The costs reported should cover only the activities listed in your budgets.

The GTR will send your completed Annual Report to the HUD Headquarters program office. Staff will use these reports to evaluate the CHSP and to write an Annual Report to Congress, that will provide performance data for the just-ended Federal fiscal year.

### Preliminary Information

Make sure you have completed the information at the top of the form:

- o Name and Address of Grantee
- o Name and Address of Project, if different
- o Years of the reporting period
- o Grant Number
- o Contact Person (who completed the form)
- o Contacts Phone Number

### 1. Type of Project

**Check only one appropriate box.** Only check the Section 8 line if your building was developed with Section 8 new construction or substantial rehabilitation funds. If the CHSP project is an elderly designated building and you serve either all elderly or both elderly and non-elderly disabled persons, check the Elderly/Disabled Mixed column. If your project was developed primarily for the non-elderly disabled, check the Non-elderly Disabled column. Do not check boxes in both columns; your project must be one or the other.

### 2. Age Information - Items 2 & 3

These items refer to all participants served, both those permanently impaired and temporarily disabled.

#### 2a. Range of Participant Ages

Youngest: Enter the age of the youngest participant

Oldest: Enter the age of the oldest participant

#### 2b. Average Age

Elderly: Enter the average age of all participants aged 62 or older.

Non-elderly disabled: Enter the average age of all participants aged 18 to 61

### 3. Average number of weeks temporarily disabled served by CHSP:

Temporarily disabled individuals are those who become disabled for a short-term period. They need the assistance of CHSP services during the time they recuperate and before they can return to fully independent living. Examples of such participants may be someone who breaks his/her hip or becomes very ill for a prolonged period of time.

Enter the **average number of weeks** these participants are provided CHSP services. Enter an average time period for elderly disabled individuals, aged 62 and older, and a separate average time period for non-elderly disabled participants, aged 18 to 61.

### 4. Number & Type of Participants Served

List the total number of people served throughout the reporting period. To derive the total, either (a) add the number of participants in the CHSP as of October 1 (beginning of the period) to the number of new participants who joined the program during the reporting period (item #8), or (b) add the number of participants in the program as of September 30 (end of the period) to the number who left the program during the reporting period (item #9). The total number will be the same either way. If participants leave and new ones join the CHSP during the reporting period, the total number listed in line c "Grand Total" may be greater than the maximum number of participants allowed by your grant agreement. This is okay as long as at any one time you do not serve more than this maximum number. **Be sure to count only those people who are PAC-approved participants of CHSP.**

Indicate in the appropriate boxes the number of participants that fall into the identified sex, age and racial/ethnic categories. The first five rows refer to Elderly/Non-Elderly Disabled participants who are permanently impaired. The last five rows refer to "Temporarily Disabled" persons.

## 5. Services Provided

This part of the form serves as an annual summary of the types and amounts of services provided, the numbers of participants served, and the dollar amounts expended.

Program expenses are paid for by moneys that are:

- o contributed as match;
- o collected from participants as fees, and
- o received from your HUD/CHSP grant as reimbursement.

Funds received from these three sources must be used to cover all the costs incurred for your CHSP program.

In other words: Total Program Costs equals Match plus Fees plus Grant (or as described below: Column  $e = f + g + h$ ).

### Part 5 consists of the following information:

- a. Service Type
- b. Total Number of Units Provided
- c. Unit Type
- d. Number of Participants Served
- e. Total Cost
- f. Match/Grantee Contribution
- g. Participant fees
- h. HUD Grant Amount

#### a. Service Type

List information in columns b and d-h for the listed services. For services you provide that are not listed, write them in on the other lines and enter the relevant information in columns b-h. **Be sure to include the unit type in column c.**

#### b. No. of Units Provided During Report Period

#### c. Unit Type

A "unit" is usually defined as one hour of service, one meal or a one-way trip. Enter the **actual** total number of units provided to all participants throughout the reporting period.

Enter the total number of hours provided over the reporting period for case management, housekeeping aid, personal assistance (and any other like service). Report the total number of meals provided in the meals line. Enter the total number of one-way trips for transportation. For "other" services you may add, we recommend listing "hour" as the unit type for services such as mental health or other types of counseling, escort services, and preventive/wellness health programs.

We encourage you to maintain your own records of the services you provide using the unit types listed in column c of the form, (i.e. hours, meals and one-way trips for the corresponding services.) This will enable you to complete this form more easily in the future.

#### d. Number of Participants Served

Enter in each line the number of different participants who received that service at any time during the reporting period. The numbers in this column must be equal to or less than the total number of participants listed on line 4c.

#### e. thru h. Program Funds Distribution

As on the CHSP budget sheets, expenditures for each service and for administration must be broken down and presented into three categories: match/grantee contribution, participant fees and HUD grant funds. The Annual Report shows how each funding source is used to cover costs incurred for each service.

The dollar amounts provided in these columns must reflect the **actual** amounts of funds obtained from HUD; collected from participants, and contributed by the grantee or other providers over the reporting period. By looking at this annual report, the reader understands that the amounts listed in each column for each service were actually used to pay the indicated portion of the services cost.

These amounts must not be estimates. They must be real dollar amounts that can be justified by the grantees financial statements.

**All grantees must be collecting participant fees and contributing some matching funds and/or resources.**

Therefore some amount must be entered in these two columns. (See your Summary Budget, HUD-91180 or 91180-B for the corresponding columns listed below.)

#### e. Total Cost

This refers to the total cost of providing each service for the entire reporting period. The total cost must be the sum of the Match/Grantee Contribution, Participant Fees, and HUD Grant columns. (See the Total Cost column on the HUD-91180/91180-B.) The dollar amount entered in the box joining the Total Cost column and the Total line must represent the entire cost of the CHSP program over the reporting period. The next three columns (f, g, and h) simply explain what resources were used to pay these costs. (See row VII, Total Cost column of the HUD-91180/91180-B.)

#### f. Match/Grantee Contribution

This refers to the combination of any funds or resources (including in-kind) that are contributed by the grantee or other providers. These funds and resources must be used to cover a portion of the cost of providing services. (See Total Applicant Match column on the HUD-91180/91180-B.)

#### g. Participant Fees

These are the dollar amounts collected from program participants. These fees also must be used to cover a portion of the cost of providing one or more services. Include donations to Title III-C programs where applicable. (See Participant Fees column on the HUD-91180/91180-B.)

#### **h. HUD Grant**

This refers to costs covered by funds received from your CHSP grant from HUD. These amounts constitute your reimbursements from HUD. (See CHSP Funds Requested column on the HUD-91180/91180-B.)

**An example:** Using the meals costs stated below, we've determined that providing meals for the entire twelve month period costs a total of \$30,240. This includes raw food cost, labor costs for food preparers/servers and the rental cost of dining room space. The cost distribution would be as follows:

|                        |          |
|------------------------|----------|
| Total Cost             | \$30,240 |
| less Applicant Match:  | 7,010    |
| less Participant Fees: | 5,230    |
| HUD Grant:             | \$18,000 |

#### **6a. No. of participants who used food stamps to pay meals fees**

Remember that grantees must apply for approval as a retail food store; accept food stamps as a means of payment for meals, and request and use agricultural commodities to prepare such meals. (See CHSP Common Rule at 24 CFR Part 700.210(3)(v) or 7 CFR Part 1944.255(3)(v).)

Enter in box 6a the number of participants who use food stamps to pay their meals fees.

#### **6b. Total dollar amount collected from food stamps**

This is the dollar amount of the food stamps collected from the participants counted in 6a. This dollar amount should be part or the whole of the meals fees amounts collected and listed in #5: Meals line and Participant Fees column.

#### **7. Dollar value of surplus commodities received from the Department of Agriculture**

If you receive surplus commodities, provide the dollar value of all the commodities received during the reporting period.

#### **8. No. of new participants who joined the CHSP during the reporting period and breakdown by source:**

Provide the total number of **new participants** that entered the program **only during the reporting period**.

**For example,** let's say four new participants entered a grantees program over the reporting period; two came from their own homes and one each from a hospital and a board and care facility. A "4" should be entered in the Total no. of people who entered CHSP box. A "2" should be entered in the From own homes/apts box and a "1" in both the From hospitals and From board and care facilities boxes. If a participant(s) came from a place not listed, indicate the number and the place(s) in the Other box.

Numbers entered in the From within CHSP project box should refer to people who already lived in the HUD project where the CHSP is located, but previously were not participants.

Numbers entered in the From other HUD projects box refer to people who moved from any other HUD project in order to participate in the CHSP. Providing project names is not required.

#### **9. No. of participants who left the CHSP during the reporting period and breakdown by reason:**

Indicate the number of participants who left the CHSP program **only during the reporting period**.

**For example,** let's say four participants also left the program during the reporting period. Two died, one was permanently relocated to a nursing home and one went to live with her family. A "4" would be entered in the Total no. of participants who left CHSP box. A "2" would be entered in the Death box and a "1" would be entered in both the Permanently relocated to a nursing home and Relocated to family boxes. If a participant(s) leaves the program and goes to a place not listed, please indicate the number and place(s) in the Other box.

**10. Narrative Report.** Attach a brief narrative report describing the operation of the CHSP during the reporting period. Include issues or problems concerning the operation of the CHSP, e.g. workload of the PAC and the Service Coordinator, provision of services, fee scale, attracting or maintaining the number of participants planned for the program, etc.



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# CHSP Services and Allowable Costs

Note: Costs of providing the following services can include direct hire, contract costs, and the cost of volunteer time valued at \$5.00 per hour.

## 1. Case Management

Each grantee must provide case management services to all CHSP participants. The costs of employing a service coordinator (and Title V senior workers or volunteers) used to provide the following services are part of the total cost of case management. Administrative costs directly related to program activities (e.g. a computer or office supplies used to keep participant files, etc.) are also part of the total cost.

Case management may include the following:

- o initial screening of residents for referral to the PAC;
- o developing and monitoring of case plans in coordination with a formal assessment of needed services;
- o establishing linkages with appropriate agencies and service providers in the general community in order to tailor the needed services to the participants;
- o linking program participants to providers of services that the participant needs, and
- o educating participants on issues, including, but not limited to, supportive service availability, application procedures and client rights.

## 2. Meal Service

Grantees must make available to all CHSP participants a meal service that is adequate to meet nutritional needs. This service must include at least one hot meal a day, seven days a week, served in a group setting.

Total costs of meals may include costs of labor, raw food, the rent of dining room space, and utilities and the purchasing cost of small kitchen appliances, dishes and utensils.

## 3. Housekeeping Aid

Light housekeeping services may include assistance with making beds, washing, vacuuming, dusting, bathroom cleaning, and laundry. Costs usually include labor time and needed supplies.

## 4. Personal Assistance

Personal assistance costs normally include the costs of labor time and needed supplies.

Examples of personal care services include receiving assistance with:

- o grooming
- o dressing
- o using the toilet (getting to the toilet, cleaning self, arranging clothing)
- o bathing and personal hygiene; hair, skin, and foot care
- o clothes care
- o cooking, preparing or serving food
- o getting in and out of bed and chairs
- o walking
- o going outdoors

## 5. Transportation Services

Car, taxi, van, or bus service is most often used. Transportation can be provided to medical clinics, social service agencies, shopping areas, grocery stores, religious institutions, and libraries. Costs may include labor time, purchase/lease costs, insurance, vehicle maintenance and fuel.

## Examples of Other Allowable Services or Activities

### Counseling Services:

Counseling could include:

- o social work counseling (such as short-term assistance with personal or family problems);
- o legal and financial counseling (including help in applying for entitlement programs);
- o bereavement and other types of mental health counseling, and/or
- o family counseling.

Trained professionals or students-in-training should perform these services. Counseling here is distinguished from case management performed by the service coordinator in that it would be more intensive and on-going. Costs of labor and possibly space would be acceptable.

### Escort Services:

Escort services might assist individuals in moving around their apartment or some other space, visiting a doctor or going shopping. Escort services are normally performed by volunteers or by individuals or project residents paid a low wage. Costs are usually just labor costs.

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## CHSP Services and Allowable Costs (Con't.)

### Health Related Services:

Such services might include the following:

- o supervision of health-related needs (e.g. ensuring the provision of mobility devices and special diets, participation in health regimens or exercise;
- o wellness programs;
- o preventive health screening, and
- o monitoring of medication consistent with State law.

A variety of professionals and volunteers may be employed to provide these services. Costs may include labor time, space, utilities, and supplies.

### Adult Day Care:

Costs associated with non-medical components of adult day care and transportation to and from the day care site are acceptable.

### Personal Emergency Response Systems:

These are systems that will allow residents to call for emergency aid through the use of hand-held units or devices worn around the neck. The costs of purchasing and maintaining these systems are allowable.