

**STATE DISPLACED HOMEMAKER
QUARTERLY STATUS REPORT**

Quarterly Status Reports are due the **25th working day** after the end of each quarter.

Service Provider: _____

Quarter Ending: _____

Prepared by: _____

Date Submitted: _____

For Parts I & II, please fill in **all** the blanks.

I. FINANCIAL DATA	<u>Plan</u>	<u>Actual</u>	<u>% of Plan</u>
A. Total Expenditures	\$_____	\$_____	_____%
1. Administration	\$_____	\$_____	_____%
2. Training	\$_____	\$_____	_____%
3. Services	\$_____	\$_____	_____%

II. PARTICIPANT DATA	<u>Plan</u>	<u>Actual</u>	<u>% of Plan</u>
A. Total Enrolled	_____	_____	_____%
B. Total Exits	_____	_____	_____%
1. Unsubsidized Employment	_____	_____	_____%
2. Other Training	_____	_____	_____%
3. Other Exits	_____	_____	_____%
C. Average Wage at Placement	_____	_____	

Please provide an explanation if the actual numbers if the Financial and/or Participant Data do not match the plan numbers. **What corrective action do you plan?**

III. SCOPE OF SERVICES

List any measurable items not in compliance with Scope of Services. **What corrective action do you plan?**

Item: _____

Item: _____

V. **OTHER COMMENTS: Successes, future plans, ideas, suggestions, etc.**