**HOST Monthly Status Report:**

Provider Organization: Click or tap here to enter text. Region/County: Click or tap here to enter text.

Reporting period: Click or tap here to enter text. Date Completed: Click or tap to enter a date.

1. **Please list all HOST administrative and operational meetings attended during the month, including any training or technical assistance events provided by DESC/HCA, and names of staff who attended.**
2. **Please describe the programmatic successes the HOST Program has experienced during the reporting period.**
3. **Please describe challenges the HOST Program has experienced during the reporting period and steps that have been taken or are planned to address these challenges.**
4. **Please describe the coordination between other homeless outreach service providers and/or coordinated homeless services in your region. Include specific collaborations such as regular meetings, case conferences, shared outreach events, MOUs, etc.**

1. **Please describe your current staffing composition for the HOST program. List current HOST-funded staff and their individual credentials, position titles, and assigned FTEs, demonstrating alignment with the provided staffing model and your project plan. Describe any changes, additions, or challenges in providing multidisciplinary services.**
2. **Please include any other information that you would like to include, if needed:**