



Milwaukee County

HOUSING DIVISION
Supportive Housing Programs

MONTHLY SERVICE MATCH REPORT

Tenant Name _____ Month/Year Report _____

Agency _____ Case Manager _____

Report due by the 10th of the month following the reporting period. All reports must be approved by the Clinical or Program Coordinator. Submit report to Supportive Housing Programs at:

Mail: 600 W. Walnut St. Suite 100, Milwaukee, WI 53212 or **Email:** samara.mccall@milwaukeecountywi.gov

Reports must be submitted for every client receiving services through Milwaukee County's Supportive Housing Programs.

	Total Hours	Rate per Hour	Total Value
Case Management Services: Report total case management services for the month. For any time less than 1 hour, use quarter hours. Example: 1 hour 45 minutes = 1.75			
Home Visits: Report the total number of home visits made inside the tenant's unit during the month. Minimum requirement = 2 home visits per month			
Notes / Comments:			

I understand that under HUD's rules, I must have an assessment and service plan on file for this client. I also understand that as part of an audit, a HUD representative may review these documents to verify the delivery of services to this client.

Case Manager _____
Signature Date

Report approved by _____
Clinical/Program Coordinator Date

DEPARTMENT OF HEALTH AND HUMAN SERVICES – SUPPORTIVE HOUSING PROGRAMS
600 W. Walnut St., Suite 100 ♦ Milwaukee, Wisconsin 53212
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