

**QUARTERLY STATUS REPORT  
~ AND NEEDS ASSESSMENT ~  
FIRST QUARTER**

IN ORDER FOR FUNDING PAYMENT TO BE MADE, A STATUS REPORT FOR THE PRECEDING PAYMENT PERIOD IS REQUIRED IN THE 708 BOARD OFFICE WITHIN 10 BUSINESS DAYS FOLLOWING THE END OF EACH PAYMENT PERIOD.

Name of Funded Agency: \_\_\_\_\_

Contract Number: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Report Prepared By: \_\_\_\_\_

Contact Person Phone Number / Extension: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Completion: \_\_\_\_\_ For Fiscal Year: \_\_\_\_\_

**MAILING ADDRESS: Jackson County 708 Board attn. Renee Schwartz, 1001 Walnut Street, Murphysboro IL 62966**

**If hand-delivering your status report, the office is located in the Jackson County Board Office on the main floor of the Courthouse. The Security Desk will be happy to direct you.**

I. Describe how 708 funds were spent for this quarter. Please attach a separate narrative if you require more space.

II. Describe any pertinent information regarding your agency you believe would be of interest to the 708 Board, such as development of new program initiatives.

III. Indicate below the number of Jackson County residents, as well as residents of other counties, served by your agency during this quarter. Please distinguish between funding sources.

	<b>Residents of Jackson County</b>		<b>Residents of Other Counties</b>	
	Number of Unique Individuals Served this Quarter		Number of Unique Individuals Served this Quarter	
	<b><u>708 Board Funding</u></b>	<b><u>Other Funding Sources</u></b>	<b><u>708 Board Funding</u></b>	<b><u>Other Funding Sources</u></b>
Mental Illness/Mental Health				
Intellectual/Developmental Disabilities				
Substance Abuse				
<b><u>TOTALS:</u></b>				

IV. Have you referred clients to the other 708 Board funded agencies listed below? Please write N/A for your agency.

	<b>Yes – No – Not Applicable</b>	<b>Comments (optional)</b>
Archway, Inc.		
Centerstone		
Good Samaritan Ministries		
Perry-Jackson Child Advocacy Center		
Shawnee Health Care Carbondale		
Southern Illinois Center for Independent Living		
Specialized Training for Adult Rehabilitation		
The Women’s Center		

V. Needs Assessment

The intent of this survey is to provide the Jackson County 708 Board Planning Committee with guidance as they prepare their comprehensive plan. Decisions of what to fund, and with what priority, will then relate directly to identified needs. Every planning process is dynamic and flexible. Planning is not a technical straight jacket, nor does it guarantee answers for all problems; rather, it presents a rational framework for decision making. Progress depends on the involvement of those participating and we thank you for taking the time to complete this survey.

The following are major questions that must be studied in the first stage of planning:

WHO?

1. Who is your agency concerned about serving?

HOW MANY?

2. How many of the members of this population are now receiving help?

3. Estimate how many of these people need help but are not receiving it.

WHERE?

4. Where in the community are those being helped receiving services?

5. Where are those being helped coming from?

- a. geographically?

- b. economically?

- c. demographically?

6. Where might be the unidentified people in need be located?

WHAT?

7. What service resources are needed by these people?
  
8. Of these resources, which of them are provided in our community?
  
9. What service resources are absent?
  
10. What is needed for current and potential services combined to offer
  - a. comprehensive programs (that is, everything needed by everyone in need)?
  
  - b. continuity of care (that is, everything needed over time and in proper sequence for any given individual)?

HOW?

11. How does your agency evaluate the cost-effectiveness of your operations (how much it costs per client / per visit, etc.)?
  
12. How is “success” for your agency defined & evaluated?