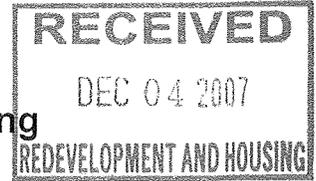# City of El Cajon
Department of Redevelopment and Housing
Periodic Reporting Form

Reporting Frequency (Monthly/Quarterly): **Monthly**

Reporting Period: **Nov. 1 ~ Nov. 30, 2007**

Agency: **Set Free Baptist Fellowship**

Date: **12-3-07**

Name: **Harold Brown**

Phone Number: **(619) 977 0633**

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): **(P)**

	Number of New El Cajon-resident Clients This Reporting Period	Number of New Non-El Cajon-resident Clients This Reporting Period	Totals for This Reporting Period	Total El Cajon Clients Assisted Year-to-Date	Number Hispanic	Number Non-Hispanic
1. TOTAL	18		18	235	8	10
White	1					
Black / African American	9					
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other	8					
2. TOTAL	18					
Extremely Low Income (0-30% AMI)	6					
Very Low Income (31-50% AMI)	9					
Low Income (51-80% AMI)	3					
3. TOTAL	18					
Homeless	15					
Female Headed Households	3					
Disabled / Special Needs	0					
TOTAL	18					

PLEASE NOTE: The U.S. Dept. of Housing and Urban Development (HUD) has changed the type of data to be collected. Also note that Hispanic is no longer considered a race but an ethnicity. A member of any race may be considered to be Hispanic. Totals for lines 1, 2 and 3 should match each other.

ATTACHMENT

Set Free Baptist Fellowship of San Diego
Fabulous 7 Motel (1527 E. Main St., El Cajon C

Client Outcome Report 11/1 - 11/30/07

	Name (Client)	Household Size	Days Housed	
1		2	5	Accepted into Set Free Ministries Fami
2	ldren	4	5	Moved out of California.
3		2	4	Case managed by CPS
4		3	1	Moved to Sacramento.
5		3	8	Continuing to voucher. Looking for approp
6		1	3	Continuing to voucher. Looking for approp
7		3	1	Moved back with family.
8				
9				
10				
11				
12				

Totals	18	27