

# CLIENT SUCCESS STORY

STAFF NAME	STAFF EMAIL ADDRESS	DATE
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**PROGRAM CATEGORY**

- |                              |                                    |
|------------------------------|------------------------------------|
| Stable Families              | Rapid Re-Housing for Families      |
| Direct Client Assistance     | Rapid Re-Housing for Single Adults |
| Single Adult Men’s Shelter   | Maryhaven Outreach                 |
| Single Adult Women’s Shelter | Permanent Supportive Housing       |
| Family Shelter               |                                    |

**BRIEFLY DESCRIBE THE CLIENT**

Including gender, age and race. Example: Single mother, African American, 28 years old, with two kids, ages 4 and 2.

**CSP #**

**DESCRIBE THE CLIENT’S SITUATION THAT LED TO HOMELESSNESS**

Example: Mom has been unemployed for a year after being laid off from a warehouse job. She had been staying with her aunt for past two months after being evicted for non-payment of rent. Her aunt has a small one-bedroom apartment and is on a fixed income. Aunt can no longer support mom and her two children and tensions are high. She asked mom to leave.

**HOW DID YOU HELP THE CLIENT?**

Example: Once mom entered shelter her case manager began working with her on a plan to find employment. The case manager assisted mom with updating her resume, looking for jobs she was qualified for and helped her prepare for interviews. Mom received a referral to Dress for Success for new interview clothes and was able to secure part-time employment. The case manager then worked with the family to find housing that was on the bus line so mom could continue working as well as take the kids to a local daycare. The case manager helped mom apply for Direct Client Assistance to pay a portion of the security deposit and first month rent, and the family was able to move into their own housing.

**HOW IS THE CLIENT DOING NOW?**

Example: Mom is still working and plans to enroll in training soon that could position her for a higher-paying job.

**WHAT OTHER PROGRAMS OR SERVICES IS THE CLIENT RECEIVING, EITHER WITH YOUR AGENCY OR ANOTHER AGENCY?**

**WHAT'S YOUR LEVEL OF CONTACT WITH THE CLIENT?**

Currently receiving services

No longer receiving services but has been in contact within the past 6 months

No contact within the past 6 months

**IF THIS STORY IS SELECTED, IS THE CLIENT WILLING TO BE PHOTOGRAPHED?**

Yes

No

**IF THIS STORY IS SELECTED, IS THE CLIENT WILLING TO BE INTERVIEWED OR SPEAK AT AN EVENT?**

Yes

No

RETURN COMPLETED FORM TO [communications@csb.org](mailto:communications@csb.org).