

## APPENDIX 2

| QUARTERLY SUPPLEMENTAL DATA REPORT<br>CAT PROGRAM   |   |                                     |                             |   |                    |  |  |
|---|---|-------------------------------------|-----------------------------|---|--------------------|--|--|
| Provider Name   |   |                                     |                             |   |                    |  |  |
| Contract #  |   |                                     |                             |   |                    |  |  |
| Reporting Period  | From  |                                     | To                          |   |                    |  |  |
| Individuals Diverted from Out of Home Placement   |   |                                     |                             |   |                    |  |  |
| <b>Discharge Options</b><br><b>(PLEASE SEPARATE OUT YOUTH SERVED WITH CARES ACT FUNDING, IF APPLICABLE.)</b>  | At admission, number of participants at risk of out of home placement due to: |                                     |                             | At admission, number of participants not at risk of out of home placement | Total This Quarter | Total Year to Date                                 |  |
|   | Child Welfare involvement   | Residential mental health treatment | Juvenile justice commitment |   |                    |  |  |
|   | Number of discharges removed from the home due to child welfare involvement   |                                     |                             |   |                    | Total ____<br>CAT ____<br>CARES Act<br>Funded ____ | Total ____<br>CAT ____<br>CARES Act<br>Funded ____ |
|   | Number of discharges admitted to a residential mental health treatment center |                                     |                             |   |                    | Total ____<br>CAT ____<br>CARES Act<br>Funded ____ | Total ____<br>CAT ____<br>CARES Act<br>Funded ____ |
|   | Number of discharges committed to juvenile justice placement                  |                                     |                             |   |                    | Total ____<br>CAT ____<br>CARES Act<br>Funded ____ | Total ____<br>CAT ____<br>CARES Act<br>Funded ____ |
|   | Number of discharges living in the community                                  |                                     |                             |   |                    | Total ____<br>CAT ____<br>CARES Act<br>Funded ____ | Total ____<br>CAT ____<br>CARES Act<br>Funded ____ |
| <b>Totals</b>   |   |                                     |                             |   |                    |  |  |
| Use the space below to provide any discussion of details affecting the delivery of services and supplemental data. (Optional)   |   |                                     |                             |   |                    |  |  |
|   |   |                                     |                             |   |                    |  |  |
| Gainful Activity for Individuals Not Enrolled in School or a Vocational Program   |   |                                     |                             |   |                    |  |  |
| Required Reporting  |   |                                     | Total This Quarter          |   | Total Year to Date |  |  |
| Number of individuals served during the reporting period age 16 and older not included in the school attendance measure.  |   |                                     |                             |   |                    |  |  |
| Number of these individuals that engaged in at least one gainful activity during the reporting period.  |   |                                     |                             |   |                    |  |  |
| Use the space below to provide examples of the gainful activities these individuals engaged in during the reporting period.   |   |                                     |                             |   |                    |  |  |
|   |   |                                     |                             |   |                    |  |  |
| ATTESTATION   |   |                                     |                             |   |                    |  |  |
| I hereby attest the information provided herein is accurate, reflects services provided in accordance with the terms and conditions of this contract, and is supported by client documentation records maintained by this agency. |   |                                     |                             |   |                    |  |  |
| Authorized Name and Title<br>(please print)   |   |                                     |                             |   |                    |  |  |
| Signature   |   |                                     |                             | Date  |                    |  |  |