



2014-2015 Community Collaborative Safe at Home Semi-Annual Report

July 2015-December 2015 _____ Jan 2016- June 2016 _____

Name of Community Collaborative Team: _____ Date form Completed: _____

Person(s) completing this form: _____ Phone #/email address _____

Please list 3 to 5 Service Gaps that the collaborative is working on.

Service Gaps Identified	Action taken this quarter	Actions planned for next quarter	Challenges that may hinder completion of the strategy	Expected Completion Date

Additional Comments: _____

List of Completed Strategies:

Strategy	Date Completed	End Result