**RWB EHE Tri-Yearly Report**

**Due dates –**

March, April, May, June – Due July 15th

July, August, September, October – Due November 15th

November, December, January, February – Due March 15th

1. **Organization, and name, title and phone number of person(s) preparing this report.**

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| Organization: |  |
| Name of person preparing this report: |  |
| Title: |  |
| Phone Number: |  |
| E-mail: |  |

1. **Staffing:** List all **vacant positions** and timeframes for recruitment and hiring. If you have additional staffing needs, please describe.
2. **EHE Program Progress:** Describe progress on program implementation, goals, and objectives (ex. linking clients to care, re-engaging clients in care, partnerships, outreach, and engagements, data infrastructure or linkages, or other operational or implementation activities)
3. **Barriers and Challenges:** What new and ongoing barriers/challenges have you encountered in implementing the EHE program over the four-month reporting period? How did your organization address these barriers/challenges? What challenges, if any, do you anticipate during the next four-months? If DHEC can assist with any challenges, please feel free to report that information here.
4. **Narrative on Current Budget:** Provide a description of any current spending above or below anticipated amounts.