

DHCS Health Enrollment Navigators Project Quarterly Progress Report

County/CBO: _____

FY: _____ Quarter: _____

Instructions: Report the progress your county or organization achieved during the quarter and year-to-date (YTD). Provide a response to each of the following prompts identify below. If no response, please state N/A. The Quarterly Progress Report must be submitted along with the Quarterly Invoice. If the report is incomplete, DHCS will return it to the partner for completion.

1. Describe the activities carried out this reporting period to meet the enrollment and retention goals, as described in your work plan. If you worked with any community-based organizations (CBOs), please indicate who they are and what did they do for the project.

2. Describe any practices or innovative strategies that were successful and can serve as a model for others or that your county or organization can build upon.

3. If any, describe project activities or successes not identified in the work plan that were a spin-off of work plan activities.

4. If any, describe proposed activities that were not completed this quarter. Explain why they were not completed and if your county or organization will complete them.

5. Describe the target population(s) impacted by your Navigators Project efforts this quarter.

6. Describe any challenges or barriers encountered. Provide any proposed solutions to those challenges or barriers. *If none can be identified, notify your Navigators Analyst as barriers are encountered to receive guidance.*

7. Provide any additional updates or information completed this quarter that was not identified in the above prompts and/or anything you feel DHCS should be aware of.

8. Provide any feedback or comments DHCS can implement or assist with for the upcoming quarter or duration of this project.

This Document was completed by:	
Name:	
Title:	
Email:	
Date of completion:	