**Attachment D**

**Linkage Capability**

|  |  |  |
| --- | --- | --- |
| **Service or Support** | **# of unduplicated adult consumers linked last year** | **Comment on your organization’s capability to provide effective linkages to this service. Include a description of the activities performed to complete the linkage** |
| Housing |  |  |
| Permanent Supportive Housing |  |  |
| Primary/physical medical services and care |  |  |
| Substance abuse services |  |  |
| Vocational services |  |  |
| Educational services |  |  |
| Support groups |  |  |
| Natural supports (churches, community groups, etc.) |  |  |
| Other services or supports (please specify) |  |  |