Cost-Benefit Analysis Form
City of Billings

Participants will not be identified by any demographic data, but may be tracked with a participant ID number. Data gathered by service providers will be synthesized by the Community Development Division in order to provide data to demonstrate the cost-effectiveness of different services currently offered in Billings. A twelve-month timeframe may be adjusted for relevance to service provided.

Agency Information			
Agency:		Contact Person:	
Address:			
Phone:		Site Email:	
Survey Date:		Client ID:	

Services Provided by Agency	
Service Type:	
Date Service Began:	
Cost of Service:	

Service Utilization	Cost Per Day	12 Months Prior to Service	12 Months Post Service Implementation
How many days were spent in an Emergency Shelter?			
How many days in Transitional Housing?			
How many days in the hospital?			
How many days in the ER?			
How many ambulance rides?			
How many days in Inpatient Mental Health Treatment?			
How many days in Outpatient Mental Health Treatment?			
How many days in Inpatient Chemical Dependency Treatment?			
How many days in Outpatient Chemical Dependency Treatment?			
How many incidents of police contact?			
How many days in jail?			
How many days in prison?			

Service Utilization / Enrollment	Prior to Service	Post Service Implementation	Estimated Amount of Cash Benefit Post Enrollment	
Enrolled in food stamps?	❑ Yes ❑ No	❑ Yes ❑ No	$	Per Year
Enrolled in Medicaid?	❑ Yes ❑ No	❑ Yes ❑ No	$	Per Year
Enrolled in Medicare?	❑ Yes ❑ No	❑ Yes ❑ No	$	Per Year
Enrolled in SSDI?	❑ Yes ❑ No	❑ Yes ❑ No	$	Per Year
Enrolled in Housing Assistance Program?	❑ Yes ❑ No	❑ Yes ❑ No	$	Per Year
Enrolled in Montana Mental Health Services Plan?	❑ Yes ❑ No	❑ Yes ❑ No	$	Per Year
Enrolled in TANF services?	❑ Yes ❑ No	❑ Yes ❑ No	$	Per Year
Enrolled in SCHIP?	❑ Yes ❑ No	❑ Yes ❑ No	$	Per Year
Enrolled in Veteran's Health Program?	❑ Yes ❑ No	❑ Yes ❑ No	$	Per Year

Quality of Life

Do you feel this service has improved your quality of life?

1	2	3	4	5
Not at all	A little	Somewhat	A lot	Completely

Income in 12 months before enrollment:	
Income in 12 months after enrollment:	
Days employed 12 months before enrollment:	
Days employed 12 months after enrollment:	