



Quarterly Report

Please record the number of clients served by the project in each demographic category

This report is for the _____ quarter

Agency Name _____

Dates of Quarter: _____ - _____

Project Name _____

Grant/Contract # _____

Total number of **new** persons served this quarter

Total number of persons returning this quarter

Total number of persons served this quarter

SECTION 1: Demographics (note: only record the number of NEW persons served this quarter)

A. Number of new persons served this quarter (please report the number of unduplicated participants who received direct services through this project)

A (1). Age in Years														
		<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total
Sex	Female													
	Male													
Total														

FOR SECTIONS B through F, REPORT NEW PERSONS SERVED THIS QUARTER ONLY

B. Race and Ethnic Background

- African American
- Asian:
 - Cambodian
 - Hmong
 - Laotian
 - Vietnamese

- Hispanic:
 - Mexican American
 - Puerto Rican
 - Other
- White/Non Hispanic
- Native American

C. Insurance

- Private
- Public
- Uninsured

D. Household Income					
		< \$9,999	\$10,000 - \$14,999	\$15,000 - \$24,999	>\$25,000
Number of Persons in Household	1				
	2				
	3				
	4				
	5+				

E. Last Interaction With Health Care System

- Less than 3 months
- 3 - 6 months
- 6 months - 1 year
- 1 year or more

F. Service Most Often Used

- Emergency Room
- Family Physician
- Health Center/ Clinic
- Traditional Healer

BAY AREA ASSESSMENT TOOL (Lupus projects only) Number of Bay Area Assessments Number with 3 or more symptoms Number of Referrals	HEALTH SCREENINGS			
	Type	#screened	#abnormal	#referrals

Instructions

This report is a compilation of individual client demographic records.

Filling in Section I: Demographics is a mandatory requirement for all Commission-funded projects. Methods of collecting this information on individual clients may vary from agency to agency. The information requested for this section represents the **MINIMUM** reporting requirement. All items reported by an agency must remain **CONSISTENT** with those appearing on this form.

BY QUARTER, report:

- A. Age in Years: Report the total number of unduplicated project clients indicating the number served by age and gender during the reporting period.
- B. Race/Ethnicity: Report the total number of clients served by self-reported race or ethnicity. Please note, for example, the total number of Asian or Hispanic clients and then the total number by appropriate sub-group. The total of each sub-group must equal the total for the appropriate racial/ethnic group.
- C. Insurance: Indicate the number of clients having public coverage, private coverage or no coverage. Report the number covered for the entire year and those covered for some part of the year.
- D. Household Income: Report the total number of clients in each income range by number of persons in the household.
- E. Last Interaction with Health Care System: Report each client's last interaction with any health provider **excluding** their first contact with this project.
- F. Service Most Often Used: Report the service most often used by project clients.

By signing below, we certify that the information contained in this report is, to the best of our knowledge, correct and reflective of the project's program records.

Signature of Executive Director

Date

Signature of Project Director

Date

SECTION II: Program Summary

Dates of Period: -

Grant/Contract #

Agency Name:

Project Name:

1. State the original project goals/objectives. Under each objective, provide specific details on activities conducted during this reporting period, including outcomes for:

- Program activities
- Recruitment
- Promotion/PSA's
- Staffing

2. Describe any barriers encountered and resolutions to accomplishing project goals and objectives during this reporting quarter.

3. What collaborations and resources (people or other financial) were used to reach the target population? Describe successes or problems experienced.

4. Are there values, attitudes, or practices in the community which have positively or negatively affected the implementation of the project?

5. Describe how goals and objectives will be met in the next quarter.

6. Describe any aspects of the program that are different from those which were originally proposed. Include staffing, relocation, hours of operation, new or dissolution of contracts, scope of service changes, etc. **(this must be completed)**

7. List all program building/opertional activities which occurred during this quarter. If you participated in media opportunities, specifically list the name of the newspaper and date of publication (enclose clippings), t.v. stations, etc., and how you measured the impact of this activity (i.e., did you receive referrals, etc.).

8. Please list the number of assessments/health screenings provided, referrals made/received and presentations given.

SECTION III: Program Evaluation Status Report Form

Discuss the findings of program evaluations for this reporting period. Include copies of evaluation tools developed (draft and/or final versions).

Signature of Evaluator

Date