PUBLIC SERVICE *MONTHLY* REPORTING FORM

_____ _____ _____/_____

Program Title **Municipality** **Reporting Period: (Month/Year)**

Client Name or Case #: (Do Not Duplicate)	If a NEW household or client enter NEW below	Project Gross Annual Household Income	Income: (Extremely Low, Low, Moderate or Other)	Family Size	Race: (Select by # that applies)*	Ethnicity: ** (A) Hispanic/Latino (B) Not Hispanic/Latino	Female Head of Household: (Yes or No)

Total # of households served during reporting period: _____ **Total # of new households served during reporting period:** _____

Total # of people served during reporting period: _____ **Total # of new people served during reporting period:** _____

Prepared By: _____ **Phone #** _____ **Title:** _____ **Date:** _____

* **11. White 12. Black/African American 13. Asian 14. American Indian/Alaskan Native 15. Native Hawaiian/Other Pacific Islander 16. American Indian/Alaskan Native and White 17. Asian and White 18. Black/African American and White 19. American Indian/Alaskan Native and Black/African American 20. Other Multi-Racial**

Please note: Whenever a beneficiary is "Hispanic/Latino" you must also select one of the other listed categories. (i.e. White Hispanic, Black Hispanic or White Not Hispanic, Black Not Hispanic)

revised (5/21/15)