

Direct Services Form (Page 1 of 2)

Submit Quarterly

Agency Name:	Program Name:	Period Covered in this Form: From: _____ To: _____
Scope of Work Activity (List activity from Scope of Work here):		
Staff Person Completing Form:		Email:

Directions: Use a different form for each scope of work activity.

Direct Services	
Mark (X) ONE Type of Activity	
<input type="checkbox"/> In-person, in client home	<input type="checkbox"/> Class or workshop, small group
<input type="checkbox"/> In-person, at agency or elsewhere	<input type="checkbox"/> Other, please explain: _____

Total Unduplicated Count	Children (0 to 5)	Parents/guardians	Only use if they are the specific client receiving services Other family members <small>(e.g. grandparents, aunts, uncles)</small>
Number of completely new clients (for this fiscal year) served in this quarter. Do not count anyone served in a prior quarter this fiscal year	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>

Unduplicated Count split by Ethnicity		Children (0 to 5)	Parents/guardians	Other family members <small>(e.g. grandparents, aunts, uncles)</small>
Alaska Native or American Indian		, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
<i>Asian</i>	Hmong	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
	Other Southeast Asian (e.g. Mien, Lao, Khmer)	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
	Pacific Islander/Filipino	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
	Chinese	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
	Japanese	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
	Indian (Sikh/Hindu)	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
	Other Asian	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
Black / African American		, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
<i>Hispanic/Latino</i>	Mexican (e.g.: Mestizo) / Mexican American	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
	Indigenous people of Mexico (e.g. Mixteco)	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
	Other Hispanic/Latino	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
<i>White</i>	Portuguese	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
	Other White	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
Multiracial (more than one ethnic group)		, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
Other		, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
Unknown		, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>
Ethnicity total: Should = total # of unduplicated count above		, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>	, <input style="width: 50px;" type="text"/>

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Unduplicated Count split by Primary Language at Home	Children (0 to 5)	Parents/guardians	Other family members <small>(e.g. grandparents, aunts, uncles)</small>
American Sign Language (ASL)	,	,	,
Cantonese (Chinese)	,	,	,
English	,	,	,
Hmong	,	,	,
Korean	,	,	,
Indian Languages (Punjabi/Hindi/Urdu/Other)	,	,	,
Indigenous Language of Mexico	,	,	,
Tagalog	,	,	,
Other Southeast Asian (Khmer, Lao, Mien)	,	,	,
Mandarin (Chinese)	,	,	,
Portuguese	,	,	,
Spanish	,	,	,
Vietnamese	,	,	,
Other	,	,	,
Unknown	,	,	,
Primary Language total: <small>Should = total # of unduplicated count above</small>	,	,	,

Unduplicated Count split by Age of Child	All Children (0 to 5)	Children with disabilities Special Needs*
Under 3 years old (less than 36 months)	,	,
3 to 5 years old (up to 6 th birthday)	,	,
Unknown	,	,
Children total: <small>Should = total # of unduplicated count above</small>	,	,

* **Special Needs:** Children with identified disability, health, or mental health conditions requiring early intervention, special education services, or other specialized services and supports; or Children without identified conditions, but requiring specialized services, supports, or monitoring. See Glossary for further information.

Unduplicated Count split by Zip Code	Zip Code		People Served in This Zip Code
For the total unduplicated count , first identify the top five (5) zip codes where most services were provided. Then identify the breakdown by zip code of where the unduplicated count was served. Include others NOT served in these five under 'Other zip codes'	Zip Code 1		,
	Zip Code 2		,
	Zip Code 3		,
	Zip Code 4		,
	Zip Code 5		,
	People in Other Zip Codes		,
	TOTAL		,

Total Service Contacts	To Children (0 to 5) served directly	To Parents/guardians	To Other family members
Number of service contacts to clients for this scope of work activity this quarter:	,	,	,