

Date:

1 Contractor Name:  Contract #:   
 Prepared By (print name/title):  Report Period:

Please report demographic client data for both Family Development Clients and Safety Net Clients on this form. Note: Complete demographics are required for Family Development Clients and agencies should make every attempt to collect demographic data on Safety Net Clients.

- 2 Total unduplicated number of persons about whom one or more characteristics were obtained
- 3 Total unduplicated number of persons about whom no characteristics were obtained
- 4 Total unduplicated number of families about whom one or more characteristics were obtained
- 5 Total unduplicated number of families about whom no characteristics were obtained

6. Gender	Number of Persons*
a. Male	<input type="text"/>
b. Female	<input type="text"/>
<b>*Total</b>	<input type="text"/>

7. Age	Number of Persons*
a. 0-5	<input type="text"/>
b. 6-11	<input type="text"/>
c. 12-17	<input type="text"/>
d. 18-23	<input type="text"/>
e. 24-44	<input type="text"/>
f. 45-54	<input type="text"/>
g. 55-69	<input type="text"/>
h. 70+	<input type="text"/>
<b>*Total</b>	<input type="text"/>

8. Ethnicity/Race	Number of Persons*
a. Black/Not Hispanic	<input type="text"/>
b. White/Not Hispanic	<input type="text"/>
c. Hispanic Origin	<input type="text"/>
d. Native American/Alaskan	<input type="text"/>
e. Asian/Pacific Islander	<input type="text"/>
f. Other	<input type="text"/>
<b>*Total</b>	<input type="text"/>

9. Education Level of Adults	Number of Persons 24+**
a. 0-8	<input type="text"/>
b. 9-12/non-graduate	<input type="text"/>
c. High sch. Grad./GED	<input type="text"/>
d. 12+ some post secondary	<input type="text"/>
e. 2 or 4 yr. College graduates	<input type="text"/>
<b>**Total</b>	<input type="text"/>

10. Other Characteristics	Number of Persons*	
	# of Persons	# Surveyed
a. No Health insurance	<input type="text"/>	<input type="text"/>
b. Disabled	<input type="text"/>	<input type="text"/>

11. Family Type	Number of Families***
a. Single parent/female	<input type="text"/>
b. Single parent/male	<input type="text"/>
c. Two-parent household	<input type="text"/>
d. Single person	<input type="text"/>
e. Two adults - no children	<input type="text"/>
f. Other	<input type="text"/>
<b>***Total</b>	<input type="text"/>

12. Family Size	Number of Families ***
a. One	<input type="text"/>
b. Two	<input type="text"/>
c. Three	<input type="text"/>
d. Four	<input type="text"/>
e. Five	<input type="text"/>
f. Six	<input type="text"/>
g. Seven	<input type="text"/>
h. Eight or more	<input type="text"/>
<b>***Total</b>	<input type="text"/>

13. Source of Family Income	Number of Families
a. Unduplicated # of Families Reporting One or More Sources of Income***	<input type="text"/>
b. No income	<input type="text"/>
c. TANF	<input type="text"/>
d. SSI	<input type="text"/>
e. Social Security	<input type="text"/>
f. Pension	<input type="text"/>
g. General Assistance	<input type="text"/>
h. Unemployment Insurance	<input type="text"/>
i. Employment + other source	<input type="text"/>
j. Employment only	<input type="text"/>
k. Other:	<input type="text"/>

14. Level of Family Income % of HHS guideline	Number of Families ***
a. Up to 50%	<input type="text"/>
b. 51% to 75%	<input type="text"/>
c. 76% to 100%	<input type="text"/>
d. 101% to 125%	<input type="text"/>
e. 126% to 150%	<input type="text"/>
f. 151% and over	<input type="text"/>
<b>***Total</b>	<input type="text"/>

15. Housing	Number of Families ***
a. Own	<input type="text"/>
b. Rent	<input type="text"/>
c. Homeless	<input type="text"/>
d. Other	<input type="text"/>
<b>***Total</b>	<input type="text"/>

16. Other family characteristics	Number of Families
a. Farmer	<input type="text"/>
b. Migrant Farmworker	<input type="text"/>
c. Seasonal Farmworker	<input type="text"/>

\* The sum in this category should not exceed the value of item 2.

\*\* The sum in this category should not exceed the value of item 7e-h.

\*\*\* The sum in this category should not exceed the value of item 4.

Contractor Name: <b>Karuk Tribe of California</b>	Date:
Prepared by (Name & Title):	Report Period:
Telephone Number:	Contract #:

The data reported is for the report period listed above. See Instructions tab for information on how to complete this reporting form.

**Demographic information will be entered on the Client Characteristics Report, form CSD 295-CCR. Agencies are to make every attempt to collect demographics on all of the clients applying for safety-net services.**

**This form is used to record the number of Client Contacts for Safety Net Services.**

**SAFETY-NET (EMERGENCY) SERVICES PROVIDED**

Type of Safety-Net Services	Enter Number of Client Contacts	
	Female	Male
Food Distribution		
Shelter (i.e. Bed Nights)		
Crisis Counseling		
Financial Assistance		
Transportation		
Employment-Related Assistance		
Health Services		
Other Emergency Services		
<b>Total</b>		