PUBLIC SERVICE MONTHLY REPORTING FORM

_____ _____ _____/_____

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

Client Name or Case #: (Do Not Duplicate)	Project Gross Annual Household Income	Income: (Very 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 people served during reporting period:_____

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

Prepared By:_____ 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**

**** Whenever a beneficiary as "Hispanic/Latino" you must select one of the other listed racial categories. (i.e. White Hispanic, Black Hispanic or White Not Hispanic, Black Not Hispanic)** **(1/11)**