



# Adventist Community Services Reporting Form

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## Client Entry

<b>Name Information</b>	<b>Contact Information</b>	<b>Personal Information</b>
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<b>First Name*</b> _____	<b>ID #*</b> _____ (last four #'s)	<b>Birth Date*</b> ____/____/____ (mm/dd/yyyy)
Last Name* _____	<b>ID Type*</b> SS DrLic Psprt Visa StID LR Other	Ed. 1 2 3 4 5 6 7 8 9 10 11 12 + Assoc Bach Grad
Middle Name _____	<b>Address 1*</b> _____	Phone # _____ - _____ - _____
Maiden Name _____	Address 2* _____	<b>Gender*</b> Male Female
Suffix Jr Sr II III IV V	<b>City*</b> _____	Race AmIndian Asian/Indian Black Hispanic White
Email _____	County _____	Marital Status Div Married Sep Single Wid
	<b>State*</b> _____	Monthly Household Income _____
	Postal Code _____	

## Services

<b>COMMUNITY DEVELOPMENT</b>	<b>EMOTIONAL/SPIRITUAL CARE</b>	<b>HOUSEHOLD ASSISTANCE</b>
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Day Care	Adult Child	Type of Session	Individual Group	Bedding	_____ # of items
Day Care	_____ # of hours	Crisis Care	_____ # of sessions	Clothing	_____ # of items
Prepared Meals	_____ # of meals	Grief Care	_____ # of sessions	Groceries	_____ # of lbs
Job Training	_____ # of hours	End-of-Life Care	_____ # of sessions	Cleaning Supplies	_____ # of items
Legal Assistance	_____ # of hours	Visitation	_____ # of hours	Personal Care Kits	_____ # of kits
Shelter: Women Cool Warm Homeless Men Dis Other		Other (specify) _____		Furniture	_____ # of items
Transportation	_____ # of miles			Home Maintenance	_____ # of hours
Comm. Event Type	_____			Monetary Assistance	\$ _____
Comm. Event Support	_____ # of hours			Other (specify)	_____
Other (specify)	_____				_____



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## Services - continued

### DISASTER ASSISTANCE

Bedding \_\_\_\_\_ # of items  
 Cleaning Supplies \_\_\_\_\_ # of items  
 Clothing \_\_\_\_\_ # of items  
 Groceries \_\_\_\_\_ # of lbs  
 Personal Care Kits \_\_\_\_\_ # of kits  
 Diapers \_\_\_\_\_ # of items  
 Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

### EDUCATION ASSISTANCE

Type of Session      Individual    Group  
 Eng. As 2<sup>nd</sup> Lang      \_\_\_\_\_ # of hours  
 Financial Planning    \_\_\_\_\_ # of hours  
 Mentoring              \_\_\_\_\_ # of hours  
 Parenting              \_\_\_\_\_ # of hours  
 Tutoring                \_\_\_\_\_ # of hours  
 Retirement Planning   \_\_\_\_\_ # of hours  
 Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

### HEALTH SERVICES

Prof Visit    MD    DO    DDS    NP    PAC    RN    LVN    Other  
 Medical Care Type \_\_\_\_\_  
 Dental Care Type \_\_\_\_\_  
 Vision Care Type \_\_\_\_\_  
 Hearing Care Type \_\_\_\_\_  
 Health Screening Type \_\_\_\_\_  
 Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

### HEALTH EDUCATION

Cooking Class \_\_\_\_\_ # of classes  
 Stop Smoking Class \_\_\_\_\_ # of classes  
 Stress Management \_\_\_\_\_ # of classes  
 Weight Management \_\_\_\_\_ # of classes  
 CPR Class \_\_\_\_\_ # of classes  
 First Aid Class Type \_\_\_\_\_  
 First Aid Class \_\_\_\_\_ # of classes  
 Fitness Class \_\_\_\_\_ # of classes  
 Healthy Lifestyle Class \_\_\_\_\_ # of classes  
 Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

### ADD DATA

### Center Data

Center \_\_\_\_\_  
 Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 # of Volunteers \_\_\_\_\_  
 Total Volunteer Hours \_\_\_\_\_  
 Expenses – Salary/Stipend \_\_\_\_\_  
 Expenses – All Other \_\_\_\_\_  
 Income – Church Subsidy \_\_\_\_\_  
 Income – Individuals \_\_\_\_\_  
 Income – Corp./Foundation \_\_\_\_\_  
 Income – Fees for Services \_\_\_\_\_