

# Adventist Community Services Reporting Form

Date	//	
Client	Entry	

Name Information	1	Contact Information		Personal Information	
First Name*		ID #*	(last four #'s)	Birth Date*/	/(mm/dd/yyyy)
Last Name* II		D Type* SS DrLic Psprt Visa StID LR Other Address 1*		Ed. 1 2 3 4 5 6 7 8 9 10 11 12 + Assoc Bach Grad  Phone #	
Middle Name A					
Maiden Name A		Address 2*		Gender* Male Female	
Suffix Jr Sr II III IV V		City*		Race AmIndian Asian/Indian Black Hispanic White	
Email C		County		Marital Status Div Married Sep Single Wid	
	;	State*		Monthly Household Inc	ome
		Postal Code			
<u>Services</u>					
COMMUNITY DEVE	LOPMENT	EMOTIONAL/SPI	RITUAL CARE	HOUSEHOLD ASSI	STANCE
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)					

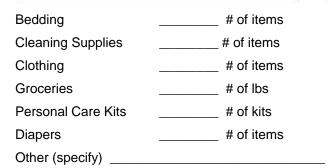


### **Adventist Community Services Reporting Form**

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

## **Services - continued**

#### DISASTER ASSISTANCE



#### **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**



# of classes Stress Management Weight Management \_\_\_\_\_ # of classes

**CPR Class** # of classes

First Aid Class Type

First Aid Class # of classes

\_\_\_\_\_ # of classes Fitness Class

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	