

# DEPARTMENT OF HUMAN SERVICES

## Office of Mental Health & Addiction Services

### Attachment A -- Demographic Reporting Sheet

Service Element 70

July 1, 2003 through June 30, 2004

*In addition to other requirements as determined by the Department of Human Services – Office of Mental Health & Addiction Services (OMHAS), this completed form must be submitted to DHS no later than September 15, 2004.*

County (or Service Area) \_\_\_\_\_

Agency and Program Name \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

*This report covers the months of **July 1, 2003 through June 30, 2004**. Complete all sections below as they apply to the group(s) targeted with your prevention efforts (as outlined in your Implementation Plan). Program data can be obtained directly from your Minimum Data Set (MDS) entries.*

1. Total number of participants in the reporting period: \_\_\_\_\_

2. Participant/Attendee Ages. Please note the number in each category:

0-4 yrs.	5 -11 yrs.	12 - 14 yrs.	15 – 17 yrs.	18 – 20 yrs.	21+ yrs.

3. Number of Male Participants \_\_\_\_\_

Number of Female Participants \_\_\_\_\_

4. Total Population in the County \_\_\_\_\_

5. Estimate the following (percentages):

Ethnicity of Program Participants		Ethnicity of Community	
a) White	%	a) White	%
b) African American	%	b) African American	%
c) Hispanic	%	c) Hispanic	%
d) Native American	%	d) Native American	%
e) Other (indicate)	%	e) Other (indicate)	%