

**DEPARTMENT OF HUMAN SERVICES**  
**Addictions and Mental Health Division**  
**Attachment A -- Demographic Reporting Sheet**

Service Element 70

July 1, 2007 through June 30, 2008

*In addition to other requirements as determined by the Department of Human Services – Addictions and Mental Health Division (DHS-AMH), this completed form must be submitted electronically to DHS no later than August 15, 2008.*

County/Tribe: \_\_\_\_\_

Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

*This report covers the months of **July 1, 2007 through June 30, 2008**. 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)	.%