

	<b>Service Date</b> (mm/dd/yyyy)	<b>Name of Group</b> (20 characters only)		<b>Unit Count</b>
S T ____				
<b>Service Population:</b>	<b>Attendees:</b> (Male)	<b>Attendees:</b> (Female)	<b>Total Present:</b>	<b>Counts Estimated?</b> (Yes/No)
S P ____				
<b>Attendees by Age:</b> (Totals must equal total number of male and female attendees.)		<b>Attendees by Hispanic Origin</b> (Totals must equal total number of male & female attendees by age.)		
0-4 _____	18-20 _____	Hispanic or Latino _____ Not Hispanic or Latino _____		
5-11 _____	21-24 _____			
12-14 _____	25-44 _____			
15-17 _____	45-64 _____			
	65 & Over _____			
<b>Attendees by Racial Category:</b> (Totals must equal or be greater than total male & female attendees.)		<b>Attendees that selected more than one race:</b>	<b>Attendees by other Demographic Category:</b>	
American Indian/Alaska Native _____	Native Hawaiian or other Pacific Islander _____		Cuban _____	Dominican _____
Asian _____	White _____		Mexican/Chicano _____	Puerto Rican _____
Black/African American _____			Other Hispanic/Latino _____	
<b>Primary R/P Factor</b> (Required)	<b>Secondary R/P Factor</b> (Optional)	<b>IOM Category</b> (Required)	<b>Funding Source</b> (Optional)	<b>Hrs of Direct Service</b> (Optional)
<b>Hrs of Indirect Service</b> (Optional)	<b>Zip Code</b> (Optional)	<b>Evaluation Method</b> (Required)	<b>Evidence-Based Practice</b> (Yes/No) (Required)	<b>Local Data</b> (Optional)

The above table illustrates reoccurring service reporting.