

City of Bellingham Human Service Program

Winter Emergency Shelter Quarterly Beneficiaries Report

Submit form to Barbara Barr, City of Bellingham, 210 Lottie Street, Bellingham, WA 98225 Ph 778-8313

>> Please enter data only in shaded areas when using electronic version of this form

1	AGENCY		TODAY'S DATE	
2	PROGRAM			
3	PREPARED BY		REPORT PERIOD	from
4	EMAIL ADDRESS			to
5	PHONE			
6	FAX			

	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	YTD Total
Client Income (based on HUD guidelines)	<i>Report income for unduplicated clients only (individuals not yet reported this year). Report numbers of people, not households or families.</i>				
7 A. Extremely Low (30% or less Median)					
8 B. Very Low (31% - 50% Median)					
9 C. Low and Moderate (51% - 80% Median)					
10 D. Above Moderate (>80% Median)					
11 TOTAL BY INCOME					

#12 - Enter the number of clients with female head of household. If you assist a 4-person family that is headed by a single female, enter 4.

12	Clients with Female Head of Household				
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	JAN-MAR		APR-JUN		JUL-SEP		OCT-DEC		YTD	
	RACE	HISPANIC	RACE	HISPANIC	RACE	HISPANIC	RACE	HISPANIC	RACE	HISPANIC
13	Client Race and Ethnicity									
	White									
14	Black/African American									
15	Asian									
16	America Indian or Alaskan Native									
17	Native Hawaiian or Other Pacific Islander									
18	America Indian or Alaskan Native <i>and</i> White									
19	Asian <i>and</i> White									
20	Black/African American <i>and</i> White									
21	American Indian/Alaskan Native <i>and</i> Black/African American									
22	Other Multi-Racial									
23	TOTAL BY RACE/ETHNICITY									

24	Are totals by income and race equal?				
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	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	YTD Total
25	UNITS OF SERVICE				
	Unit of Service Definition (as defined in contract)				
26	Service Units Accomplished				
27	Secondary Unit of Service Definition (optional)				
28	Service Units Accomplished				