

**City of Bellingham Human Service Program
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 | | | | |
|----|--|--|--|--|--|

| | 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 | American Indian or Alaskan Native | | | | | | | | | |
| 17 | Native Hawaiian or Other Pacific Islander | | | | | | | | | |
| 18 | American 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? | | | | |
|----|--|--|--|--|--|

| | 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 | | | | |