

PROJECT DATA SHEET

PLEASE USE THIS FORM FOR YOUR FINAL REPORT

Organization _____ Project: _____

A. Patients/Clients Served (TCCR Funded Project)

MID-TERM

FINAL REPORT

Total number of patients/clients served: _____

Total patient /clients health care visits: _____

Other encounter data (as specified in the Letter of Agreement under the Project Objectives or anything else worthy of note):

Type of Encounter:

#of Encounters

Total (Grant YTD)

Example: a. prescriptions filled _____

b. _____

c. _____

d. _____

e. _____

B. Population Served to Date In The Grant Cycle

(please provide numbers, not present ages. The total in each category should correspond to the number in A:1 – Year to Date above. If it differs, please provide an explanation for the variation.)

	Male	Female	TOTAL
Gender			

	0-11 mos.	1-11	12-18	19-35	36-64	65+	TOTAL
Age							

	Asian	Black	Hispanic	White	Other	Multi-Racial	Total
Race							

	Uninsured	Insured (private)	Medicaid	Medicare	FAMIS	TOTAL
Insurance						

	Below	100-150%	150-200%	Over 200%	TOTAL		
Poverty Level*							
	A	B	C	D	E	F	TOTAL
Poverty Level*							

	Full-Time	Part-Time	Unemployed	Retired	Seasonal	TOTAL
Employment**						

*Income information may be reported using either a percentage of poverty or the health department's income guidelines

**If your project targets children, this should refer to the employment status of the head of household.