



**Quarterly Care Receiver Participant Report**  
**Participant Unit Report - Due 10th of the months of January, April, July, and October**

Fiscal Year:  Quarter:  County:

Service:

Agency Name:

Target/Underserved Population To Be Served:

Person Preparing Report

Name:

Email:

Phone:

Fax:

**Number of Unduplicated Participants Served**

This Quarter	Cumulative YTD	Contracted Amount	Percent of Projection

Unduplicated Participant Count by Characteristic
<b>Participant Race/Ethnicity</b>
a. Black or African American
b. American Indian, Eskimo, Aleutian
c. Asian
d. Native Hawaiian/Pacific Islander
e. Multi-racial
f. White/Non-Hispanic or Latino
g. Hispanic or Latino

This Quarter	Cumulative YTD	Targeting Plan Projected Amount	Percent of Projection Achieved

<b>Participants in Poverty (100% of federal level)</b>
<b>Total Participants in Poverty and Minority Group</b>
<b>LGBT Participants Served</b>
<b>Limited English Proficiency</b>

This Quarter	Cumulative YTD	Targeting Plan Projected Amount	Percent of Projection Achieved

\*Quarterly Report to be completed by Adult Day Service, Dementia Adult Day Care, and Volunteer Caregiver programs ONLY