

EXHIBIT B
Activity Report
Demographics

Name of Organization: _____

Project: _____

Project Manager: _____

Report Month: _____

Services:

- 1. Family receiving services** _____
(Unduplicated)
- 2. Family receiving services** _____
(Duplicated)
- 3. Total scheduled visits** _____
- 4. Total visits completed** _____

Clients:

Ethnicity

Sex

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Male |
| <input type="checkbox"/> African American | <input type="checkbox"/> Female |
| <input type="checkbox"/> SEA | |
| <input type="checkbox"/> Hispanic | |
| <input type="checkbox"/> Native American Indian | |