

First 5 Yolo, Children and Families Commission

FY07-08

Direct Service Activity Form

**Directions:** Complete one form for your First 5 Yolo contracted program. You will first be asked to complete all the demographic data as unduplicated counts, counting each participant once. Count the children if parents have received services that will directly impact their children. Please make sure the totals match the unduplicated number of participants entered. You will then be asked to give the total service contacts for which you will add up all the participants for all your program activities even if they are in multiple activities. If a child is seen twice, service contacts = 2. Please be sure to count only for children 0-5 years old up to their 6th birthday. Please break out children having special needs.

Agency Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Date Range: \_\_\_\_\_ to \_\_\_\_\_.

Enter data for new participants this quarter																				
Type of Participants	Total unduplicated number of participants served **	Gender			Ethnicity *** (Number of Participants)										Zip Codes (enter zip codes for your service area) (Number of Participants)					
		Male	Female	Total	Alaskan Native/American Indian	Asian	Black	Latino	Russian/Ukrainian	White	Multiracial***	Other/Unknown	Total	95695	95695	95695	95695	95695	95695	Total
Children (0 to 5) *	0			0																0
Parents/guardians/other family member	0			0																0
Providers	0			0																0
Number of Children participants with special needs:																				

	Health Insurance (Number of Participants)								Primary language **** (Number of Participants)						Total number of service contacts for all participants this quarter *****	
	Medi-Cal	Healthy Families	Healthy Kids	Kaiser Child Health Plan	Private Ins	No Ins	Unknown	Total	English	Spanish	Russian/Ukrainian	East Asian *	Hmong	Other/Unknown		Total
Children (0 to 5)*								0							0	
Parents/guardians/other family member															0	
Providers															0	

**New Participants each quarter**

- \* Up to a child's 6<sup>th</sup> birthday.
- \*\* Children served directly by programs or children if their parents have received services that will directly impact the children.
- \*\*\* More than one ethnic origin.
- \*\*\*\* Specify "other" languages if report 5% or more in "other" category.

\* East Asian languages include: Farsi, Hindi, Punjabi, and Urdu.

Children having special needs:

Total 0

**Service contacts for all participants each quarter (Existing and new)**

\*\*\*\*\* If a child is seen twice, service contacts = 2. If there were 3 classes with 5 parents each, total service contacts = 15.