

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 activates. 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: _____

Enter data for NEW PARTICIPANTS this quarter													NEW PARTICIPANTS		ALL SERVICE CONTACTS***** (Existing & New)			
Type of Participants	NEW PARTICIPANTS Total unduplicated number of participants served	Gender			Health Insurance (New Participants Only)								Children Served by age group (directly or in-directly**)		Children Served directly or in-directly	Parents/Guardians	Other Family Members	Providers
		Male	Female	Total	Medi-Cal	Healthy Families	Healthy Kids	Kaiser Child Health Plan	Private Ins	No Ins	Unknown	Total						
Children 0 - 5*													0 - <3		0 - <3			
Parents/Guardians													3 - 5*		3 - 5*			
Other family member													Unknown		Unknown			
Providers													Total		Total			
Special needs children:																		
TOTAL																		

Enter data for NEW PARTICIPANTS this quarter	Ethnicity (New Participants Only)									Primary language ***** (New Participants Only)							CITY (service area) (New Participants Only)							
	Alaskan Native/American Indian	Asian	Black	Latino	Russian/Ukrainian	White	Multiracial*****	Other/Unknown	Total	English	Spanish	Russian/Ukrainian	East Asian*	Hmong	Other/Unknown	Total	Esparto/Capay Region	Davis	West Sac/Clarksburg	Winters	Woodland	County wide	Other	Total
Children 0-5																								
Parents/Guardians																								
Other family member																								
Providers																								

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

New Participants each quarter

- * Up to a child's 6th 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. _____

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.