

Client Statistics for Residential Second Stage Providers

FISCAL YEAR

April-June _____

July-Sept _____

Oct-Dec _____

Jan-Mar _____

#	Client ID#	Date Depart	Date Move-In	Date Intake	# of Children	Referral Source	Indigenous (y or n)	Immigrant (y or n)	Senior (y or n)	EIA (y or n)	Disability* (y or n)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

*refers to disabilities that require specialized services or equipment