Client Served Report

Reporting Group:

Provider: Project Homeless Connect- Omaha (2649)

This provider AND its subordinates • This provider ONLY

Services: Services Provided (other than shelter or referred services)

Grouping: • Clients Receiving Services as a Family Clients in a Household

Service Code:

Served Date Range: 3/1/2013 - 5/22/2013

Served Before Date Range (Old client count):

Treat Open-Ended Services/Referrals as 1-day Services: • Yes No

Legal Adult Age: 18

Report Details

CLIENTS SERVED	Old	New	Total
A. Adults	0	410	410
Never Specified	0	3	3
Male	0	280	280
Female	0	127	127
Transgender	0	0	0
Unknown	0	0	0
B. Children	0	20	20
Never Specified	0	0	0
Male	0	10	10
Female	0	10	10
Transgender	0	0	0
Unknown	0	0	0
C. Total (A+B)	0	430	430
FAMILY MEMBERS SERVED	Old	New	Total
A. Adults	0	24	24
Never Specified	0	1	1
Male	0	9	9
Female	0	14	14
Transgender	0	0	0
Unknown	0	0	0

B. Children						0	19	9	19
Never Specified						0	0)	0
Male						0	9)	9
Female						0	10	0	10
Transgender						0	0)	0
Unknown						0	C)	0
C. Total (A+B)						0	4:	3	43
D. Total Households Serve	ed					0	13	2	12
E. Average Household Mer	nbers	Served				0	3.5	58	3.58
SINGLES SERVED						Old	Ne	w	Total
A. Adults						0	38	86	386
Never Specified						0	2	2	2
Male						0	27	1	271
Female						0	11	13	113
Transgender						0	()	0
Unknown						0	()	0
B. Children						0	-	1	1
Never Specified						0	0)	0
Male						0	1	1	1
Female						0	0)	0
Transgender						0	0		0
Unknown						0	0)	0
C. Total (A+B)						0	38	37	387
	Children			Adults					
FAMILY MEMBERS	0-5	6-12	13-17	18-30	31-50	51-61	62+	No DOB	Total
Never Specified	0	0	0	0	0	0	0	1	1
Male	2	6	1	3	5	1	0	0	18
Female	4	5	1	2	10	2	0	0	24
Transgender	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
Total	6	11	2	5	15	3	0	1	43
	Children				Adults				
SINGLES	0-5	6-12	13-17	18-30	31-50	51-61	62+	No DOB	Total

Never Specified	0	0	0	0	1	0	0	1	2
Male	0	0	1	39	139	86	7	0	272
Female	0	0	0	40	54	16	3	0	113
Transgender	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	0	0	0	0	0	0
Total	0	0	1	79	194	102	10	1	387
CLIENTS SERVED BY RAG	CE						Second Tota	_	Total
American Indian or Alaska	Native (H	IUD)							12
Asian (HUD)							1		
Black or African American	n (HUD)						1		
Don't Know (HUD)							1		
Not Given							7		
White (HUD)							2		
Asian (HUD)									3
Native Hawaiian or Other	Pacific Is	slander	(HUD)				2		
Not Given							1		
Black or African American (HUD)									123
American Indian or Alaska Native (HUD)									
Don't Know (HUD)							1		
Native Hawaiian or Other Pacific Islander (HUD)									
Not Given							103	5	
Other							2		
Other Multi-Racial							1		
White (HUD)							11		
Native Hawaiian or Other F	Pacific Isla	ınder (H	łUD)						8
American Indian or Alask	a Native	(HUD)					1		
Not Given							6		
Refused (HUD)							1		
Other									1
Not Given							1		
White (HUD)									280
American Indian or Alask		(HUD)					4		
Black or African America	n (HUD)						3		

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Don't Know (HUD)

Native Hawaiian or Other Pacif	ic Islander (HUD)			5		
Not Given				263		
Other				1		
Not Given					3	
Total					430	
CLIENTS SERVED BY ETHNICITY						
Hispanic/Latino (HUD)					32	
Non-Hispanic/Non-Latino (HUD)						
Not Given					3	
Total					430	
SERVICE COUNT						
		Total	Total	Total	Λνα	
Service Type	Funding Source		Provided		Cost	
Service Type Basic Needs (B)	Funding Source				_	
	Funding Source	Referral	Provided	Cost	Cost	
Basic Needs (B) Dental Care Referrals	Funding Source	Referral	Provided 41	Cost \$0.00	Cost \$0.00	
Basic Needs (B) Dental Care Referrals (LH-2600.1700)	Funding Source	Referral 0 0	Provided 41 124	\$0.00 \$0.00	\$0.00 \$0.00	
Basic Needs (B) Dental Care Referrals (LH-2600.1700) Educational Programs (HH) Eye Care Referrals	Funding Source	Referral 0 0 0	41 124 82	\$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00	
Basic Needs (B) Dental Care Referrals (LH-2600.1700) Educational Programs (HH) Eye Care Referrals (LH-2600.2000)	Funding Source	0 0 0 0 0	41 124 82 18	\$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00	
Basic Needs (B) Dental Care Referrals (LH-2600.1700) Educational Programs (HH) Eye Care Referrals (LH-2600.2000) Food (BD) Food Stamps/SNAP Applications	Funding Source	Referral	91 Provided 41 124 82 18 24	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	
Basic Needs (B) Dental Care Referrals (LH-2600.1700) Educational Programs (HH) Eye Care Referrals (LH-2600.2000) Food (BD) Food Stamps/SNAP Applications (NL-6000.2000-220)	Funding Source	Referral	970vided 41 124 82 18 24 79	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	

0

0

0

0

0

148

150

98

130

121

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Hairdressing/Nail Care

(BM-6500.6500-300) Health Care Referrals

Screening/Diagnostic

Housing Search Assistance

(LH-2600)

Services (LF)

(BH-3900.3100)

Housing Search and

Information (BH-3900)

Health

Identification Cards (DF-7000.3300)	0	1	\$0.00	\$0.00
Immigration/Naturalization Legal Services (FT-3600)	0	1	\$0.00	\$0.00
Immunizations (LT-3400)	0	19	\$0.00	\$0.00
Job Finding Assistance (ND-3500)	0	144	\$0.00	\$0.00
Licensed Professional Counselor Referrals (RR-8500.4700)	0	2	\$0.00	\$0.00
Medicaid Applications (NL-5000.5000-520)	0	62	\$0.00	\$0.00
Medicare (NS-8000.5000)	0	1	\$0.00	\$0.00
Mental Health Screening (RP-5000.5000)	0	56	\$0.00	\$0.00
Online Tax Preparation/E- Filing Sites (DT-6500)	0	1	\$0.00	\$0.00
SSIApplications (NL-1000.8100-820)	0	6	\$0.00	\$0.00
Sexually Transmitted Disease Screening (LF-4900.8000)	0	27	\$0.00	\$0.00
Social Security Disability Insurance Applications (NS-1800.8000-820)	0	2	\$0.00	\$0.00
Social Security Retirement Benefits (NS-7000.8000)	0	1	\$0.00	\$0.00
Tax Preparation Assistance (DT-8800)	0	1	\$0.00	\$0.00
Veteran Benefits Assistance (FT-1000.9000)	0	11	\$0.00	\$0.00
Total (Service Types: 29, Funding Sources: 0)	0	1541	\$0.00	\$0.00