ASAP PARTICIPANT DATA REPORT

AGENCY NAME: _____ **SITE NAME:** _____ **DATE:** _____

REPORTING MONTH: _____ **PREPARED BY:** _____ **PAGE:** _____

Instructions: Fill out once for each participant when he/she enrolls and when he/she withdraws only. Indicate an "A" for each participant enrolled and a "D" for participants withdrawn during the month.

CLIENT INFORMATION:											HOUSEHOLD INFORMATION:				
A Or D	NAME and IDENTIFICATION NUMBER	ADDRESS OF CLIENT	RACE					AGE	SEX		HANDI-CAPPED (Y or N)	FEMALE HH (Y or N)	FAMILY INCOME	No. in PEOPLE IN HH	FREE or RED. LUNCH (Y or N)
			NON-HISPANIC		HISP.	ASIAN P.I.	NATIVE AM/ALSK		M	F					
			WHITE	BLACK											
TOTALS:															

Reports are due to the Mayor's ASAP Office by the 15th day of each month.