

**MILWAUKEE COUNTY COMMUNITY DEVELOPMENT PROGRAM
FORM 4 PRESUMED BENEFIT CLIENTELE PERFORMANCE DETAIL**

PROJECT _____ IDENTIFIER _____

REPORTING PERIOD COVERED: From _____ To _____

TYPE OF REPORT: _____ WITH PAYMENT REQUEST or _____ END OF PROJECT or _____ ANNUAL

INDICATE IF: _____ PERSONS or _____ HOUSEHOLDS

	PROJECTED CLIENTS	PREVIOUS REPORTS CUMULATIVE TOTAL	THIS REPORT	TOTAL TO DATE
WHITE	M _____	_____	_____	_____
	F _____	_____	_____	_____
BLACK/AFR. AMERICAN	M _____	_____	_____	_____
	F _____	_____	_____	_____
NAT.HAWAIIAN/PACIFIC ISL.	M _____	_____	_____	_____
	F _____	_____	_____	_____
ASIAN	M _____	_____	_____	_____
	F _____	_____	_____	_____
AMER. INDIAN/ALASKAN NAT.	M _____	_____	_____	_____
	F _____	_____	_____	_____
AMER. INDIAN/ALASKAN NAT. & WHITE	M _____	_____	_____	_____
	F _____	_____	_____	_____
ASIAN & WHITE	M _____	_____	_____	_____
	F _____	_____	_____	_____
BLACK/AFR. AMER. & WHITE	M _____	_____	_____	_____
	F _____	_____	_____	_____
AMER. INDIAN/ALAS. NAT./ & BLACK/AFR. AMERICAN	M _____	_____	_____	_____
	F _____	_____	_____	_____
HISPANIC/OTHER	M _____	_____	_____	_____
	F _____	_____	_____	_____
TOTAL SERVED	_____	_____	_____	_____

FIGURES BELOW WILL DOUBLE COUNT TOTALS ABOVE

	# OF HISPANIC _____	# OF NON-HISPANIC _____		
*****	*****	*****		
ABUSED CHILDREN	M _____	_____	_____	_____
	F _____	_____	_____	_____
BATTERED SPOUSES	M _____	_____	_____	_____
	F _____	_____	_____	_____
ELDERLY	M _____	_____	_____	_____
	F _____	_____	_____	_____
HANDICAPPED	M _____	_____	_____	_____
	F _____	_____	_____	_____
HOMELESS	M _____	_____	_____	_____
	F _____	_____	_____	_____
ILLITERATE	M _____	_____	_____	_____
	F _____	_____	_____	_____
MIGRANT FM WORKERS	M _____	_____	_____	_____
	F _____	_____	_____	_____
TOTAL SERVED	_____	_____	_____	_____

PERSON COMPLETING THIS FORM _____

PHONE _____

