Targeted Case Management
Client Demographic Summary

(New client enrolled during reporting period)

Print Form

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Agency Name: _____ **Reporting Period:** _____ **Year:** _____

A. Race, age and ethnicity

Race	**<15**	**15-17**	**18-20**
White			
Black or African American			
American Indian/Alaskan Native			
Asian			
Native Hawaiian/Pacific Islander			
Ethnicity	<15	15-17	18-19
Hispanic			
Non-Hispanic			

B. Highest level of education obtained at time of admission

Number of Clients	<12 years	High School Diploma/GED	<Four Years College	College Degree	Vo-Tech Completed

C. Employment Status at Time of Admission

Number of Clients	Unemployed	Employed Full Time	Employed Part-Time

D. Poverty level (based on Federal Poverty Standards)

Number of Clients	< 50%	51 - 100%	101 - 150%	151 - 185%	186 - 200%	> 200%

E. Health Coverage at Time of Admission

Number of Clients	Self-Pay	Private Insurance	Medicaid	Medicaid and Private Insurance

F. Marital Status

Number of Clients	Single	Married	Separated	Divorced	Widowed

G. County of Residence at time of Admission (use county abbreviation)

County									
Number									

	1st Quatrer	2nd Quarter	3rd Quarter	4th Quarter
New clients in program each quarter (count only **AT TIME OF ADMISSION**. Do not re-enroll at the beginning of the fiscal year or the new Quarter).				
Total number of clients in program at end of quarter (include all clients)				
Total number of clients that left program during the quarter.				
Reason left program?				
Reason Left Program (use chart below) *				
Number referred				
Number that received services				

*** Reason for leaving program (enter # on line above)**		
a. Completed goal plans	c. Client can't be located	e. Client left service area
b. Reached age 21	d. Client terminated participation	f. Client lost eligibility

Grant Objectives

	1st Quatrer	2nd Quarter	3rd Quarter	4th Quarter
Prenatal Care - number of clients that gave birth during this quarter				
Prenatal Care - number of those giving birth with adequate prenatal care **while in TCM project**				
Birth Outcomes - number of full term births				
Birth Outcome - number of preterm births				
Adoption - number of adoptiions				
Education Goal established on admission to TCM - is this an additional pregnancy and birth that occurred (after the initial pregnancy and admission) while in TCM program?				
Education Goal established on admission to TCM - If yes, number of repeat pregnancies?				
Did client complete basic education or vocational goals before second pregnancy?				
Number of clients completing basic education or vocational goals when they left the program?				
KBH/EPSDT - number of client's children have immunizations and KBH/ EPSDT current				
Parenting Capacity - number of clients involved with Child Protection Services for child abuse, neglect or domestic violence. *Count when exit program.*				
Number of clients that left program, that were employed?				
Number of clients that left program and were enrolled in a university/ college or vocational technical institute?				
Additional objective				
Additional objective				

Name of person submitting report				

Mid-year (January) and Annual Narratives (July)

The semi-annual and annual reports include statements of significant changes, staff termination and hiring. In the narratives, please include reasons teens left the program early and what you can do, if anything to keep the teens in program. Tell why you met or did not meet the expectations of the program; is there anything you can change? Please share antidotal stories about college, not being welfare dependent as they age, that during the year the clients in your program are not in court judication, or clients that return to visit program personnel with gratitude. The program need will be easier to defend if there are reasons the program did not work, or why it works well. The legislators, Secretary of Health, and the finance committee like to know not only numbers but how the program affects the recipients through personal stories (especially in there districts). Contact me if **questions: Jane Stueve** jstueve@kdheks.gov **785-296-1308.**