



Quarter 1 2 3 (circle one)

GREENE COUNTY YOUTH BUREAU

Quarterly Report

I.

Agency Name _____ Program Name _____

Contact Person _____ QYDS # _____

E-mail _____ Phone # _____



Total number of youth carried over from previous quarter _____ (1st Qt. is always 0)

Total number of youth served this quarter _____

Total number of youth served (*must be unduplicated*) _____

II.

Life Area-(indicate the number of times each youth was served for each applicable area.

(This number may be duplicated) Please refer to your 2010 application packet for information.

Services Provided

Served

1. E.S - Economic Security _____

2. ED - Education _____

3. CVC - Citizenship _____

4. FAM - Family _____

5. Com - Community _____

6. Other (please specify) _____

TOTAL # OF SERVICES PROVIDED _____

III.

If Applicable

1. Referrals out of program (Indicate number/ agency/program) _____

2. Referrals made into the program (indicate number/agency/program _____)

3. Indicate the agencies you coordinate services with (sharing facilities, staff speakers, etc.)

4. Indicate any staff trainings you attended/provided this quarter.

5. Indicate any community events attended/held this quarter.

6. *Indicate any program assistance needed to improve your services.*

7. Based on your numbers from Section II, explain how you are meeting the Life Area Goals and objectives by Services, Opportunities and Supports (*i.e. Life Area: 1. ES- Economic Security, II Goal, 113 Objective by SOS #0118 work readiness skills – We held a workshop for 27 youth on May 12th on how to make change.*)