Department of Community Services and Development CSBG Programmatic Data-Client Characteristic Report (Semi-Annual) CSD 295-CCR (Rev 12/02) Date: 1 Contractor Name: Karuk Tribe of California Contract #: Report Period: Prepared By (print name/title):

se report demographic client data for both Family Development Clients and Safety Net Clients on this form. Note: Complete

2 Total unduplicated number of persons about whom one or more characteristics were obtained 3 Total unduplicated number of persons about whom no characteristics were obtained 4 Total unduplicated number of familities about whom no characteristics were obtained 5 Total unduplicated number of familities about whom no characteristics were obtained 6 Total unduplicated number of familities about whom no characteristics were obtained 7 Age						es should make every attempt to c	
3 Total unduplicated number of persons about whom no characteristics were obtained 4 Total unduplicated number of families about whom no characteristics were obtained 5 Gerider Number of Families about whom no characteristics were obtained 6 Gerider Number of Families about whom no characteristics were obtained 7 Age Number of Persons* 12 Family Size Number of Families *** a. Male	on	Safety Net Clients.					
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12. Family Size Number of Families Number of Families Number of Families Number of Families Number of Persons	5	•				F	
a. Male b. Female b. Female c. Total 7. Age Number of Persons* d. Four c. 12-17 d. 18-23 e. 24-44 f. 45-54 g. 55-69 h. 70+ *Total 8. Ethnleity/Race a. Black/Not Hispanic b. White/Not Hispanic b. White/Not Hispanic b. White/Not Hispanic d. Native American/Alaskan f. Cher *Total 9. Education Level of Adults a. 0-8 b. 9-12/non-graduate c. High sch. Grad./GED d. 12+ some post secondary e. 2 or 4 yr. College graduates *Total 10. Other Characteristics whose present/male b. Disabled 11. Family Type a. Single parent/male b. Single parent/male c. Two-parent household d. Single parent mousehold d. Single parent mouse	6						Number of Families ***
D. Female	-		110111111111111111111111111111111111111		1		
Trotal			,	· · · · · · · · · · · · · · · · · · ·	4 .		
7. Age					c.	Three	
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D. 6-1-1					e.	Five	
C. 12-17			•		f.	_	
d. 18-23					g.	Seven	
f. 45-54 g. 55-69 h. 70+ *Total 8. Ethnicity/Race Number of Persons* b. White/Not Hispanic c. Hispanic Origin d. Native American/Alaskan e. Asian/Pacific Islander f. Other *Total 9. Education Level of Adults b. 9-12/non-graduate c. High sch. Grad/JGED d. 12+ some post secondary e. 2 or 4 yr. College graduates **Total 10. Other Characteristics #Total 11. Source of Family Income a. Unduplicated # of Famililes Reporting One or More Sources of Income*** b. No income c. TANF d. SSI g. Social Security d. SSI g. General Assistance Unemployment insurance Unemployment insurance Unemployment only k. Other: 14. Level of Family Income Number of Familites *** Number of Persons # Surveyed 15. Housing 16. Other Characteristics Number of Familites **Total 17. Family Type Number of Familites*** A Single parent/female b. Single parent/male c. Two-parent household d. Single person e. Two adults - no children f. Other 16. Other family characteristics Number of Familites **Total 16. Other family characteristics Number of Familites **Total 18. Ethnicity/Race						Eight or more	
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S. 55-69	f.	45-54			13.	Source of Family Income	Number of Families
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Securior Level of Adults Number of Persons 24+**		*Total		,	1 i	Employment + other source	
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b. Migrant Farmworker				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	·		
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			L		J ~. C.	Seasonal Farmworker	

- * The sum in this category should not exceed the value of item 2.
- The sum in this category should not exceed the value of item 7e-h.
- The sum in this category should not exceed the value of item 4.

State of California
Department of Community Services and Development
CSBG Programmatic Data — Safety Net Client Contact Report (Semi-Annual)
CSD 296-SNCC (New 3/01)

Contractor Name:	Karuk Tribe of California	Date:	
Prepared by (Name & Title):		Report Period:	
Telephone Number:		Contract #:	

The data reported is for the report period listed above. See Instructions tab for information on how to complete this reporting form.

Demographic information will be entered on the Client Characteristics Report, form CSD 295-CCR. Agencies are to make every attempt to collect demographics on all of the clients applying for safety-net services.

This form is used to record the number of <u>Client Contacts</u> for Safety Net Services.

SAFETY-NET (EMERGENCY) SERVICES PROVIDED Enter Number of Client Contacts					
Type of Safety-Net Services	Female	Male			
Food Distribution	·				
Shelter (i.e. Bed Nights)		·			
Crisis Counseling					
Financial Assistance	,				
Transportation					
Employment-Related Assistance		-			
Health Services					
Other Emergency Services					
T	otal				