# CLIENT SERVICES & CONTACT REPORT

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| --- | --- | --- | --- |
| **1. Recipient Name:** | **2. MOA Number:** | **3. MOA Term Dates:****From:** **Thru:**  | Reserved for NCIDC use |
| **4. Description of Services:** | **5.****Unit Measure:** | **6.****Subcategory** **Code Number:** | **7.****Actual # Served:**  | **8.****Actual # of Contacts:** |
|  |  |  |  |  |
| **9.A** Total Number of Volunteers(Enter “0” if none.) | # of Volunteers: | 2.3.A |  |  |
| **9.B** Total Number of Volunteer Hours(Enter “0” if none.) | # of Volunteer Hours: | 2.3.B |  |  |
| **10.** List Partnerships (Enter “0” if none.) | # of Agency(s): | Agency Code: |  |  |
| Use Additional Report Forms as Necessary |

**Report Prepared By:**

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***Signature & Title Date***