# CLIENT SERVICES & CONTACT REPORT

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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***