

Attachment C: Program Beneficiary Statistics

Program: _____

Program Beneficiary Characteristics Clients/Patients/Recipients/Other	Last Year	This year (estimated)	Next Year (projected)
1. Unduplicated Count of Program Beneficiaries TOTAL			
a) Total Continuing From Previous Fiscal Year			
b) Total New for the Year			
c) Total Terminated During the Year			
2. Age Group TOTAL			
a) Infants – Under 5			
b) Between 5 and 12			
c) Between 13 and 17			
d) Between 18 and 29			
e) Between 30 and 64			
f) 65 and over			
g) Not Known			
3. Sex TOTAL			
a) Male			
b) Female			
c) Not Known			
4. Ethnic Background TOTAL			
a) White			
b) Black			
c) Hispanic			
d) Oriental			
e) Other – Ethnic Minority			
f) Not Known			
5. % Income Level TOTAL			
a) Below 9,999			
b) 10,000 –19,999			
c) 20,000 – 29,999			
d) 30,000 and Over			
e) Not Known			
6. Location of Residence TOTAL			
a) Chattanooga			
b) Outside of Chattanooga			
c) Not Known			