**DMHAS Data Reporting Form for IMPACT**

*(1 form per activity/recurring service – submit after event or by end of quarter*)

**LPC/Program Name:**

**Grant (SOR/RBHAO):**

**Event/Service Title:**

**Description of**

**Event/Service:**

*(If including more than one Service Type Code, please elaborate)*

**Event/Service Date:**

**Service Type Code:**

**Service Population** *(highlight all that apply)***:**

Pacific Islander:

Adults

Business industry

Children of substance abusers

Civic groups/coalitions

College students

Delinquent/Violent Youth

Economically disadvantaged

Elementary school students

Employee groups/unions

Fire professionals

Gangs

General Population

Health professionals

Retailers

Runaway/Homeless Youth

School Dropouts

Social Service Providers

Teachers/Administrators/

Counselors

Women and children

Youth/Minors

ALL

(If this is a recurring event, please highlight one)

High School students

Law enforcement/military

LGBTQIA+

Local municipal agencies

Media

Mentors/Adult Ally

Middle/Jr High School Students

Neighborhood Associations

Older Adults

Parents/Families

Pregnant Women/teens

Prevention/Treatment Professionals

Religious Groups

**Service Location:**

**Demographic Service Information:** *Enter each number of persons in each category (no percentages)*

Total Number of Participants:

Count is (highlight one): estimated/actual

**Number of Participants by Age: Number of Participants by**

**Subtotals MUST add up to the total number of participants listed above**

**Number of Participants by Ethnicity:**

Hispanic: Non-Hispanic: Unknown:

**Number of Participants by Race:**

White: American Indian/Alaska Native:

Black or African American: More than one race:

Native American/ Race unknown:

Asian:

0-4: 25-44:

5-11: 45-64:

12-14: 65 & over:

15-17: Age unknown:

18-20:

21-24:

**Gender:**

Male:

Female:

Gender unknown: