

Iowa Department of Human Services
 Child Welfare Emergency Services/Shelter Report
 SFY 2009

	A	B	C	D	E	F	G	H	I	J	K	L	
82	Total	0	LE										
83	Total	0		0	0	0	0	0	0	0	0	0	
84	The totals shown in this Row should equal one another.							0	0				
85	If they don't please check your entries in Age, Sex, and Race												
86													
87	Please complete the following for each cumulative report												
88					Age			Sex		Race/ethnicity			
89					0 - 5	6 - 11	12 - 15	16 - 17	Male	Female	White	African-Am	Latino
90	# of children referred by source:												
91	Total	0	DHS										
92	Total	0	JCS										
93	Total	0	LE										
94	Total	0		0	0	0	0	0	0	0	0	0	
95	The totals shown in this Row should equal one another.							0	0				
96	If they don't please check your entries in Age, Sex, and Race												
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100	Monthly narrative: Please complete in separate word document												
101	Examples of things to include:												
102	Summarize accomplishments this quarter												
103	What activities were coordinated with other entities?												
104	If the reduced beds were needed, please explain												
105	Describe the benefits of the CW ES -- what were the outcomes?												
106	Obstacles encountered/resolutions												
107	Ability to serve all children referred during the report period												
108	What was the No. of children not served and reasons?												
109	Include a brief explanation of how funds are being used, in what areas, for what reasons. Include this in Final project summary also												
110	Average length of contact with child												
111													
112	Final project summary: (Due after completing the project in SFY 2009)												

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