

Quarterly Report

1/1 -3/31 7/1-9/30

4/1-6/30 10/1-12/31

Provider: _____

**NUMBER OF INDIVIDUALS WHO RECEIVED SERVICES PROVIDED OR PAID IN PART BY TITLE V
BY TYPE OF HEALTH COVERAGE: [Requirement: Sec. 506 (a)(2)(A)(i)-(ii)]**

Class of Individual Served by Service Category	Total Number Served by Title V		Number with Medicaid		Number with Other Insurance		Number Covered
	Quarter	Cumulative	Quarter	Cumulative	Quarter	Cumulative	Quarter
Total Pregnant & Postpartum women served							
Pregnant women/ Prenatal							
Postpartum women Follow-Up							
Infants (under age one) served							
Home Visits (# of visits)							
Children ages 1 to 22 served							
Immunizations							
Dental Services (age 1-22)							
Other Individuals							
TOTAL MCH POPULATION							

UNDUPLICATED COUNT BY RACE

Class of Individual Served by Service Category	Required				BLACK		AMERICAN INDIAN		ASIA/PACIFIC ISLAND
	TOTAL OF ALL RACE		WHITE		Quarter	Cum.	Quarter	Cum.	Quarter
	Quarter	Cum.	Quarter	Cum.	Quarter	Cum.	Quarter	Cum.	Quarter
Total Pregnant & Postpartum women served									
Pregnant Women									
Postpartum Women									
Infants (under age one) served									
Home Visits (# of visits)									
Children ages 1 to 22 served									
Immunizations									
Dental									
Other Individuals									
TOTAL MCH POPULATION									

UNDUPLICATED COUNT BY ETHNICITY

Class of Individual Served by Service Category	Required				Optional* (see footnote on page 2)							
	TOTAL NON-HISPANIC		TOTAL HISPANIC		MEXICAN		CUBAN		PUERTO RICAN		CELESTIAN	
	Qtr.	Cum.	Qtr.	Cum.	Qtr.	Cum.	Qtr.	Cum.	Qtr.	Cum.	Qtr.	
Total Pregnant & Postpartum women served												
Pregnant Women												
Postpartum Women												
Infants (under age one) served												
Home Visits (# of visits)												
Children ages 1 to 22 served												
Immunizations												
Dental												
Other Individuals												
TOTAL MCH POPULATION												