***Annex 20.*** ***Profile of Clients/Beneficiaries Served***

**PROFILE OF CLIENTS/BENEFICIARIES SERVED**

For CY/FY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF AGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Case**  **Folder No./ Serial No.** | **Name** | **Address** | **Age** | **Date of Birth** | **Gender** | **Date Admission** | **Date of**  **Discharged/ Termination** | **Category** | **Services Provided** | **Status/**  **Remarks** |
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**Prepared by:**

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Name and Signature of Agency Designation Date

Social Worker or Community

Development Worker