***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