

Month: \_\_\_\_\_

## II. Eligible Clients Unmet Needs Tracking Sheet

|  | TOTALS | Placement in<br>online survey |
|--|--------|-------------------------------|
| Total People:                            |        | #14                           |
| Number of Families:                      |        | #15                           |
| Number of Individuals (not with family): |        | #16                           |

| Services Requested |   |             |   |           |                         |            |   |                                 |
|--------------------|---|-------------|---|-----------|-------------------------|------------|---|---------------------------------|
|                    |   | Basic Needs | Criminal Justice<br>and Legal<br>Services | Education | General Medical<br>Care | Employment | Individual and<br>Family Support<br>Specialists | Mental Health and<br>Counseling |
|                    | <b>17. Program<br/>was at capacity</b>          |             |   |           |                         |            |   |                                 |
|                    | <b>Totals:</b>                                  |             |   |           |                         |            |   |                                 |
|                    | <b>18. Program not<br/>funded</b>               |             |   |           |                         |            |   |                                 |
|                    | <b>Totals:</b>                                  |             |   |           |                         |            |   |                                 |
|                    | <b>19. Program out<br/>of funds</b>             |             |   |           |                         |            |   |                                 |
|                    | <b>Totals:</b>                                  |             |   |           |                         |            |   |                                 |
|                    | <b>20. Client<br/>Lacking<br/>documentation</b> |             |   |           |                         |            |   |                                 |
|                    | <b>Totals:</b>                                  |             |   |           |                         |            |   |                                 |
|                    | <b>21. Scope<br/>outside of<br/>agency</b>      |             |   |           |                         |            |   |                                 |
|                    | <b>Totals:</b>                                  |             |   |           |                         |            |   |                                 |
|                    | <b>22. Other</b>                                |             |   |           |                         |            |   |                                 |

23. If the respondent was eligible but unable to be served for some other reason, please keep a list of other reasons on the back of this page.