ATTACHMENT G

Weekly Census Report on Client Status

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Prepared By:
Contact phone #

Agency: _____ **Program:** _____ **For:** Month _____ Day _____ Year **2002**

*Use **Separate** sheet for each program*

*Due **before** close of business day each Monday*

No of Beds currently available	Age	Gender	Sub LOC	Specialty	General Location	Other

FAMILY GUIDANCE CENTERS CODES:

CO	Central Oahu	**HNL**	Honolulu, Oahu	**LO**	Leeward Oahu	**WO**	Windward Oahu
H	Hawaii	**K**	Kauai	M	Maui		

WAIT LIST	
***Yes** ☐	**No** ☐
** If Yes, Must attach current wait list*	

Note : *All columns must be completed as appropriate*

Date of Admission	Client's Name LN, FN	Gender M or F	Sub Loc	Referring FGC	Projected Date of Discharge	Actual Date of Discharge	Discharge Placement	Wait Listed Date	Projected Date of Admission	Other Agencies Involved	Other Comments