



**Report Type:**

**Reporting Period:** Contract Year 20

**Contract Number:**

**Contractor Name:**

**City:**

**Name of Contact:**

**Phone:**

**Table 1 HHSC PHC Clients served in the fiscal year by race/ethnicity**

Race	Number of Clients (A)
1 Anglo	
2 Black	
3 Hispanic	
4 Other	
5 Unknown	
6 Total	

Note: This number should equal the number of clients in **Table 2**

**Table 2 HHSC PHC Clients by income level served in the fiscal year as a percentage of the HHS Poverty Guidelines**

Income Level	Number of Clients (A)
1 100% and below	
2 101% to 133%	
3 134% to 200%	
4 Unknown	
5 Total	

Note: This number should equal the number of clients in **Table 1**

**INSTRUCTIONS**

**Header:**

Please fill in each box completely.

- Report Type – Select whether this report is an initial or revised submission
- Contract Number – Enter the PHC contract number
- Contractor Name – Enter the agency’s legal name
- City – Enter the city of the agency’s physical address
- Name of Contact and Phone – Enter the name and phone number of the person who completed the report

**Table 1:**

Please make an entry for each line. If the number is “0”, please enter that.

Definitions of Race/Ethnicity – The categories conform to the methodology determined by the Texas Demographic Center. These are a Non-Hispanic White (Anglo), Non-Hispanic Black, Hispanic (of all races), Non-Hispanic Asian, and Non-Hispanic Other population groups. This latter (Other population) group also includes all persons listing two or more races.

**Table 2:**

Please make an entry for each line. If the number is “0”, please enter that.

Report the unduplicated number of PHC clients provided a PHC service in the fiscal year by income level as a percentage of the HHS poverty guidelines.

**Note: The total number of clients in Table 1 should equal the total number of clients in Table 2. The Total number of clients for Table 1 and Table 2 should also be the same as the number of unduplicated clients on your PHC Form 225 for August (last month in the fiscal year).**

**SUBMISSION INSTRUCTIONS**

Please submit to [HDS.ADS@hhsc.state.tx.us](mailto:HDS.ADS@hhsc.state.tx.us) within 60 days of the end of the fiscal year.