Family Member #:
(ie, HOH, 2, 3 etc.)

Friendship Services Quarterly Report
New Boston Property Management
Note: You should have 24 hours per quarter on this sheet

Year _____
Pease check reporting period
__ Jan-Mar (Due April 2)
__ Apr-June (Due July 2)
__ July-Sept (Due Oct. 2)
__ Oct-Dec (Due Jan 2)

Name_____ Re-exam/Participation Begin Date_____

Apartment#_____ Phone Number_____ Head of Household_____

DATE OF ACTIVITY (MO/DAY/YEAR)	DESCRIPTION AND LOCATION OF SERVICE AND/OR ACTIVITY	# OF HOURS	NAME OF SUPERVISING OFFICIAL	SIGNATURE OF SUPERVISING OFFICIAL *signature required for verification	SUPERVISOR PHONE NUMBER	APPROVED YES/NO

I verify that I have performed the Community Service hours as reported above: **Total Hours Completed:**

_____ _____
Participant Signature Date