A close up of a sign

Description generated with high confidence

Date

Chapter

Region

#Sorors/Fraters

**CHI ETA PHI SORORITY, INCORPORATED**

**Chapter Service Project Report Form**

**INSTRUCTIONS/DISTRIBUTION:**

1. Complete the form in its entirety no later than 10 days after the chapter program/project activity/event.
2. Upon completion of the form, send to the 1st Supreme Anti-Basileus, Assistant Regional Director with a copy to the Regional Director.
3. Retain a copy in the chapter files.

***Event: (Check applicable box)(s)*  Zip code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Education/Screening**

**Disease Prevention:** 🞎 Hypertension 🞎 Cancer \_\_Breast \_\_Prostrate \_\_Colon \_\_Other 🞎 Diabetes

🞎 Power to End Stroke 🞎 National Kidney Disease Education Project (NKDEP)

🞎 Leadership Development 🞎 Research Development 🞎 Program for the Elderly

🞎 Programs for Youth & Young Adults 🞎 Childhood Obesity

🞎 Other\_\_\_\_\_\_\_\_\_\_\_

**Category:** A🞎 B 🞎 C 🞎 **Level:** 1 🞎 2 🞎 3 🞎 4 🞎 5 🞎 (See Operational Manual)

*Description of participants: Number of participants:*

Age range: 🞎 0-19 🞎 20-35 🞎 36-51 Reached: \_\_\_\_\_\_\_\_\_\_\_\_

🞎 52-67 🞎 68-75 Referred: \_\_\_\_\_\_\_\_\_

Mean Age \_\_\_\_ Referrals made to:

\_\_\_\_ 🞎 Family MD \_\_\_\_ 🞎 Healthcare Provider \_\_ **Population Served**

**Lay Population: \_\_\_ \_\_\_\_•Clinic \_\_\_\_• Social Service \_\_\_•Health Dept**

**Healthcare workers: \_\_\_ \_\_\_• Urgent Care \_\_\_• Other**

**African American \_\_ Caucasian \_\_\_ Other**

**Please list established method of follow up with participants who were referred**

Outcomes: 🞎 Phone Call 🞎 Post Card Reminder 🞎 Email

**Gather information at time of screening** 🞎

**Follow-up within 30 days with form.** 🞎

Number of hours at event (hours per member) \_\_\_\_\_\_\_

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Signature of Program and Projects Chair or Chapter Basileus**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Send to: 1st Supreme Anti-Basileus, Regional Director and Assistant Regional Director**