

**WAR RELOCATION AUTHORITY**  
Monthly Report

**WELFARE**

For Month Ending \_\_\_\_\_ 194 \_\_\_\_\_

Center \_\_\_\_\_

**A. Summary of All Types of Service (Including Assistance Other than Clothing) by Family Unit**

	No. Family Units
1. Continued from previous month.....	
2. Added this month.....	
(a) New.....	
(b) Reopened.....	
3. Open during month (1 + 2).....	
(a) Financial assistance.....	
(b) Service only.....	
(c) Inactive during month.....	
4. Closed during month.....	
5. Continued to next month (3 - 4).....	

**B. Summary Analysis of Grants Authorized (Other than clothing)**

	Family Units	Persons	Amount
6. Total.....			
(a) General assistance.....			
(b) Special assistance.....			
(c) Travel.....			
(d) other.....			

**C. Administration of Clothing Allowance Program**

	Family Units	Persons	Amount
7. Total Allowances Issued.....			
(a) Recipients of WRA wage.....			
(b) Recipients of unemployment compensation.....			
(c) Dependents of Consumer Enterprises employees.....	XXXX		
(d) Recipients of public assistance.....			
(e) other.....			
8. Period covered			

**D. Evacuee Personnel Employed:**

	\$12 wage	\$16 wage	\$19 wage
9. Total			
(a) Counseling aides			
(b) Clerical			
(c) other			
(d) staff changes:			
Terminations.....			
Additions.....			

SUMMARY ANALYSIS OF SELECTED ITEMS IN MONTHLY STATISTICAL REPORT:

E. Responsibility first Assumed this Month - Source and Type of Service by Family Units	I Total	II Financial Assistance	III Service Only
Total (should be same as item A-2-a on page 1).....			
1. Individual or family member.....			
2. By referral.....			
(a) Education Section.....			
(b) Employment Section.....			
(c) Internal Security Section.....			
(d) Medical Section.....			
(e) other Project Personnel (this or other center).....			
(f) Block Manager (or other evacuee representative).....			
(g) Source outside WRA (specify).....			
(h) other (specify).....			

F. Basis For Granting Financial Assistance:	G. Bases For Discontinuing Assistance or Service
Total (should equal total of Column II of E above).....	Total (should equal Item A-4 on page 1).....
1. Unemployment of wage earner.....	1. No longer in need of financial assistance.....
2. Income (or other resources) inadequate.....	(a) obtained employment (in center).....
3. Illness or disablement of wage earner.....	(b) other resources.....
4. Age.....	2. No longer at center.....
5. Absence of wage earner.....	3. Service completed.....
(a) Interned.....	(a) Transfer between centers.....
(b) Working outside center.....	(b) Interned member paroled.....
(c) Divorce or separation.....	(c) Relocations.....
(d) In armed forces.....	(d) other (Specify).....
(e) other.....	
6. Death of wage earner.....	
7. other (Specify).....	(4) other (specify).....

Submitted by (Name) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_