

Submitted By (name):

Phone:

Date Submitted:

Florida March of Dimes VitaGrant Tracking Log

Instructions: *Please complete the following information **each time** a woman receives a bottle of vitamins for each week. As the bottles are distributed, mark in the appropriate boxes. **Please mark both the race and ethnicity for each participant.** As the bottles are distributed, mark in the appropriate boxes. Each week, fax the completed form to the Outreach Worker assigned to your area.*

Program Name:		County:
Week of:		Weekly Totals:
Multivitamin Bottles Distributed (one bottle per contact):		
Age of woman who received multivitamins:	<17	
	18-19	
	20-24	
	25-29	
	30-34	
	35-39	
	40-45	
	>45	
Total for Age Category:		
Race:	White	
	Black	
	American Indian or Alaska Native	
	Asian	
	Native Hawaiian or Other Pacific Islander	
	Multi-Racial	
Total for Race Category:		
Ethnicity:	Non-Hispanic and Non-Haitian	
	Mexican Hispanic	
	Puerto Rican Hispanic	
	Cuban Hispanic	
	Central American Hispanic	
	South American Hispanic	
	Haitian	
	Other Hispanic	
	Unknown	
Total for Ethnicity Category:		

Comments:

Regional VitaGrant Outreach Worker Contact Information:

Ft. Lauderdale/Miami	Jacksonville	Gainesville	Tampa	Tallahassee
Lori Kite	Stefani Lesser	Lily Nikolich	Crystal Coker	Elizabeth Jensen
Ph: 954-772-0013	Ph: 904-398-2821	Ph: 352-378-9522	Ph: 813-287-2600	Ph: 850-245-4465 x2769
Fax: 954-772-4655	Fax: 904-398-8299	Fax: 352-377-5918	Fax: 813-287-8916	Fax: 850-245-4047