





# Society of St Vincent de Paul San Antonio

CONFERENCE NAME: \_\_\_\_\_

**Conference Activity Report** for the period from: \_\_\_\_\_

to \_\_\_\_\_

### Visits

Type of Visit	# of Visits	# of People Helped
Home Visits		
Prison Visits		
Hospital Visits		
Eldercare Visits		
Other In-Person Visits		
<b>Total Visits</b>		

### In-Kind Services and Goods Received

Services	“In Kind” Value
Legal	
Medical	
Dental	
Other	
<b>Total Services</b>	
Goods	“In Kind” Value
Food * Do Not include Food Bank	
Furniture	
Clothing	
Other	
<b>Total Goods</b>	

### Professional Services Provided

Services	# of Times	“In Kind” Value
Legal		
Medical		
Dental		
Other		
<b>Total Services</b>		

### Goods Provided (In-Kind & Purchased)

Goods	# of Times	“In-Kind” & Purchased Value	# of People Helped
Food			
Furniture			XXXXXXXXXXXXXXXX
Clothing			XXXXXXXXXXXXXXXX
Other			XXXXXXXXXXXXXXXX
<b>Total Goods</b>			XXXXXXXXXXXXXXXX

<b>Total Hours of Service: Members</b>	
<b>Total Hours of Service: Non-Members</b>	
<b>Estimated Miles in Vincentian Services</b>	