



2020-2021 COMMUNITY HEALTH CONTRACT (CHC) Q3 GRANT IMPACT REPORT

Organization Name: Riding Emphasising Individual Needs and Strengths

Program Title: Therapeutic Riding for Disabled Children and Adults

Person submitting the report: Canece Huber

Ages: List the percentage and total number served of your program participants' ages who received services during this reporting time frame:

	Percentage served	Total Number Served
Children (infants to 12)	39	17
Young Adults (13-17)	18	8
Adults (18-60)	36	16
Seniors (60+)	7	3
Unknown		

Gender: List the percentage and total number served of your program participants' gender identification who received services during this reporting time frame:

	Percentage served	Total Number Served
Female	65	29
Male	35	15
Non-binary		
Unknown		

Income: List the percentage and total number served of your program participants' income limit category of those who received services during this reporting timeframe:

	Percentage Served	Total Number Served
Extremely Low-Income (ceiling of \$32,100)	10	23
Very Low (50% Income (ceiling of \$53,500)	33	75
Low (80%) Income (ceiling of \$85,600)	1	2

	Percentage Served	Total Number Served
Higher than listed limits		
Unknown		

How many District residents directly benefited (participant/client) from this program in this reporting quarter? 44

GOALS & OBJECTIVES

Please provide the Goal 1 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

Each rider has received at least one evaluation from one of the necessary therapists. Pt, OT, Speech or Behavioral. through out this last quarter.

Our riders have met 85% of their goals.

Please provide the Goal 2 statement from your application. Discuss the actions within each objective and provide your outcome data accordingly.

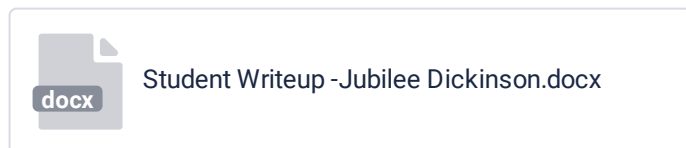
N/A

PARTICIPANT SUCCESS STORY

Participant Success Story:

See upload

Participant Success Story:



ACKNOWLEDGEMENT

Please describe how the Fallbrook Regional Health District's Community Health Contract - Grant investment toward this program was acknowledged during this reporting timeframe.

REINS is proud to acknowledge the support from FRHD on a banner at our entrance, in our Newsletters, on Social Media and on our website.

BUDGET


Please upload a copy of the program budget you submitted with the application. Fill in the Q3 column demonstrating the current utilization of grant funds.



Please explain any significant differences in budget or services during this quarter. What if any changes were made to address programming challenges.

N/A

Please sign your form:

A handwritten signature in black ink, appearing to read "C. M. R.", written in a cursive style.