SAN MATEO COUNTY AGING AND ADULT SERVICES

Management Information System (MIS) for FCSP (Revised 06.2023)

Family Caregiver Support Program Caring for Elderly / Caring for Child FY 2023-2024

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| **Type of Report: Addition Correction** | **Report Period Ending (Mo/Yr):** |
| **Print Name of Agency Reporting:** | **Print Name of Person Completing Report:** |
| **Number of New Caregivers Served:** |
| **Category 1. Support Services** (previously Category III) | **Units** | **Clients** |
|  | Caregiver Assessment | 1 hour |  |  |
|  | Caregiver Counseling | 1 hour |  |  |
|  | Caregiver Peer Counseling | 1 hour |  |  |
|  | Caregiver Support Group | 1 hour |  |  |
|  | Caregiver Training | 1 hour |  |  |
|  | Caregiver Case Management | 1 hour |  |  |
| **Category 2. Respite Care** (previously Category IV) | **Units** | **Clients** |
|  | Caregiver Respite In-Home Supervision | 1 hour |  |  |
|  | Caregiver Respite Homemaker Assistance | 1 hour |  |  |
|  | Caregiver Respite In-Home Personal Care | 1 hour |  |  |
|  | Caregiver Respite Home Chore | 1 hour |  |  |
|  | Caregiver Respite Out-of-Home Day Care | 1 hour |  |  |
|  | Caregiver Respite Out-of-Home Overnight Care | 1 hour |  |  |
| **Category 3. Supplemental Service** (previously Category V) | **Units** | **Clients** |
|  | Assistive Devices for Caregiving | 1 device |  |  |
|  | Home Adaptations for Caregiving | 1 modification |  |
|  | Caregiving Services Registry | 1 hour |  |  |
|  | Caregiving Emergency Cash / Material Aid | 1 assistance |  |
| **Category 4. Access Assistance** (Previously Category II) | **Units** | **Clients** |
|  | Caregiver Outreach | 1 contact |  | \* n/a |
|  | Caregiving Information and Assistance | 1 contact |  | \* n/a |
|  | Caregiver Interpretation / Translation | 1 contact |  | \* n/a |
|  | Caregiver Legal Resources | 1 contact |  | \* n/a |
| **Category 5. Information Service** (Previously Category I) |  | **Units** | **Clients** |
|  | Public Information on Caregiving | 1 activity |  | \* n/a |
|  | Community Education on Caregiving | 1 activity |  | \* n/a |
| \* Clients for categories 4 and 5 are reported quarterly via the Quarterly Unduplicated Client Count Report. |
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| I certify this report is correct and completed to the best of my knowledge. |
| **Signature** | **Date** |