**SAN MATEO COUNTY AGING AND ADULT SERVICES**
**Management Information System (MIS) for Ombudsman Programs**
*(Rev 07-2016)*

## MONTHLY SUPPORTIVE SERVICES REPORT
## FY 2017-2018
## Ombudsman Programs

| 1. TYPE OF REPORT (CHECK ONE) | 2. MONTH        YEAR |
|---|---|
| _____ADDITION _____CORRECTION | _____/_____        _____/_____ |

| 3. AGENCY NAME | 4. PROGRAM NAME |
|---|---|
| **Ombudsman Services of San Mateo County** | **SENIOR OMBUDSMAN PROGRAM and UNDER 60 OMBUDSMAN SERVICES (ARF/ICF/Adult Day)** |

| SERVICE ACTIVITY NAME | CARS CODE | FUNDING | # OF UNITS PROVIDED |
|---|---|---|---|
| Senior Ombudsman Program MONITORING / INVESTIGATION | N/A | IIIIB / VIIA | # of hours |
| Senior Ombudsman Program COMMUNITY EDUCATION | N/A | IIIIB / VIIA | # of hours |
| | | | |
| ARF / ICF / Adult Day OMBUDSMAN TRAINING | N/A | County Sponsored | # of hours |
| ARF / ICF / Adult Day MONITORING / INVESTIGATION | N/A | County Sponsored | # of hours |
| ARF / ICF / Adult Day OTHER RELATED EDUCATION | N/A | County Sponsored | # of hours |
| | | | |

| SIGNATURE (I certify this report is correct and completed to the best of my knowledge) | DATE |
|---|---|

# GENERAL INSTRUCTIONS FOR COMPLETING FORM

1.     <u>TYPE OF REPORT</u> – Check ADDITION to report new data.  Check CORRECTION If you are correcting or updating information previously reported during the existing contract period.

2.     <u>MONTH AND YEAR OF REPORT</u> – Enter the two-digit month and year in which the service was provided.

3.     <u>AGENCY NAME</u> – Enter the name of your agency.

4.     <u>PROGRAM NAME</u> – Enter the name of the contracted program you are reporting. Each contracted program must be reported on a separate form.

5.     <u>SERVICE ACTIVITY NAME, CARS CODE, FUNDING</u> – Do not enter any data.

6.     <u># OF UNITS PROVIDED</u> – This section is used to report the number of units of service provided for each contracted service for the program.  Enter the number of units provided this month in the fourth column.