

San Mateo County Aging and Adult Services
American Rescue Plan Act Fund
Quarterly Data Report

OAA Title III E

Agency Name: _____

Service Quarter: January – March

April – June

Person In Charge: _____

July – September

October – December

Contact Email: _____

Service Year: _____

Family Caregiver Support Program – Support Services			
Item	Units of Service	Unduplicated Client Count	Expenditure
Caregiver Assessment	_____ hours	_____ clients	\$ _____
Caregiver Counseling	_____ hours	_____ clients	\$ _____
Caregiver Peer Counseling	_____ hours	_____ clients	\$ _____
Caregiver Support Groups	_____ sessions	_____ clients	\$ _____
Caregiver Training	_____ hours	_____ clients	\$ _____
Caregiver Case Management	_____ hours	_____ clients	\$ _____

Family Caregiver Support Program – Respite Care			
Item	Units of Service	Unduplicated Client Count	Expenditure
Caregiver Respite In-Home Supervision	_____ hours	_____ clients	\$ _____
Caregiver Respite Homemaker Assistance	_____ hours	_____ clients	\$ _____
Caregiver Respite In-Home Personal Care	_____ hours	_____ clients	\$ _____
Caregiver Respite Home Chore	_____ sessions	_____ clients	\$ _____
Caregiver Respite Out-of-Home Day Care	_____ hours	_____ clients	\$ _____
Caregiver Respite Out-of-Home Overnight Care	_____ hours	_____ clients	\$ _____

Family Caregiver Support Program – Supplemental Services				
Item	Measure Unit	Units of Service	Unduplicated Client Count	Expenditure
Assistive Devices for Caregiving	1 Device = 1 Occurrence	_____ occurrences	_____ clients	\$ _____
Home Adaptations for Caregiving	1 Modification = 1 Occurrence	_____ occurrences	_____ clients	\$ _____
Caregiving Services Registry	1 Hour = 1 Occurrence	_____ occurrences	_____ clients	\$ _____
Caregiving Material Aid	1 Assistance = 1 Occurrence	_____ occurrences	_____ clients	\$ _____

Family Caregiver Support Program – Access Assistance

Item	Units of Service	Unduplicated Client Count	Expenditure
Caregiving Information and Assistance	_____contacts	_____clients	\$_____
Caregiver Outreach	_____contacts	_____clients	\$_____
Caregiver Interpretation/Translation	_____contacts	_____clients	\$_____
Caregiver Legal Resources	_____contacts	_____clients	\$_____

Family Caregiver Support Program – Information Services

Item	Units of Service	Unduplicated Client Count	Expenditure
Public Information on Caregiving	_____activities	_____clients	\$_____
Community Education on Caregiving	_____activities	_____clients	\$_____

Narrative Questions

1. Describe the services provided this quarter. *(Do not exceed 300 words.)*

2. Describe the demographics of the participants of this quarter. *(Do not exceed 300 words.)*

3. Describe any successes and challenges. If there were challenges, describe any actions taken to address them. *(Do not exceed 300 words.)*

4. Describe any service collaboration efforts. *(Do not exceed 300 words.)*

5. Describe any capacity building strategies. *(Do not exceed 300 words.)*

Certification

I certify this report is correct and completed to the best of my knowledge.

Signature: _____ Date: _____

Instructions	
Agency Name	Enter the name of your agency. Include the site name if different from your agency name or if you provide services in more than one location.
Service Quarter	Check the box to indicate the applicable service quarter.
Service Year	Use four-digit numbers. Enter the year in which the service was provided. <i>Example: Service Year: 2023</i>
Units of Service	Total number of hours/sessions/occurrences/contacts/activities provided during the quarter.
Unduplicated Client Count	Total number of unduplicated clients served during the quarter.
Expenditure	Total expense invoiced for the quarter by program.
Narrative Questions	Complete responses for each of the five questions listed. Separate your responses if you are contracted for more than one Title III E programs.