

Revised 11.2020

**COVID-19 Unduplicated Quarterly Report
FY 2020-2021**

PROVIDER NAME/SITE:

QUARTER FIRST: _____ **SECOND:** _____ **THIRD:** _____ **FOURTH:** _____

(October 10)

(January 10)

(April 10)

(July 10)

REPORT ONLY THE AGGREGATE TOTAL FOR THE QUARTER	
PROGRAM	CLIENT COUNT
Adult Day Care/Adult Day Health (Virtual Activities & Wellness Checks)	
Congregate Meals (Take-out/Grab & Go)	
Home Delivered Meals	
Information & Assistance	
Transportation (Shopping, Medication pick-up & Other trips)	
Wellness Checks	
SIGNATURE (I certify this report is correct and completed to the best of my knowledge)	Date