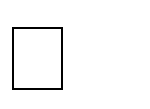
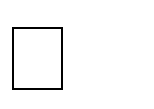
SAN MATEO COUNTY AGING AND ADULT SERVICES

Management Information System (MIS) for FCSP (Revised 06.2022)

FY 2022-2023 Family Caregiver Support Program Caring for Elderly / Caring for Child

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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. | | | | | |
|  | | | | | |
| I certify this report is correct and completed to the best of my knowledge. | | | | | |
| **Signature** | | | **Date** | | |