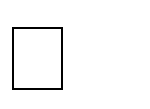
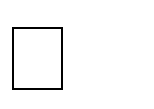
**SAN MATEO COUNTY AGING AND DISABILITY SERVICES**

**Management Information System (MIS) for FCSP (Revised 06.2025)**

Family Caregiver Support Program Caring for Elderly / Caring for Child FY 2025-2026

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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** | | | | **Units** | **Clients** |
|  | Caregiver Counseling | | hour |  |  |
|  | Caregiver Support Group | | hour |  | \* n/a |
|  | Caregiver Training | | hour |  |  |
| **Category 2. Respite Care** | | | | **Units** | **Clients** |
|  | Caregiver Respite In-Home Supervision | | hour |  |  |
|  | Caregiver Respite Out-of-Home Day Care | | hour |  |  |
|  | Caregiver Respite Out-of-Home Overnight Care | | hour |  |  |
|  | Caregiving Respite Other | | hour |  |  |
| **Category 3. Supplemental Service** | | | | **Units** | **Clients** |
|  | Assistive Technology for Caregiving | | device |  |  |
|  | Caregiving Assessment | | hour |  |  |
|  | Caregiving Consumable Supplies | | assistance |  |  |
|  | Caregiving Legal Consultation | | hour |  |  |
|  | Caregiving Services Registry | | hour |  |  |
|  | Home Modifications for Caregiving | | modification | |  |
| **Category 4. Access Assistance** | | | | **Units** | **Clients** |
|  | Caregiver Case Management | | hour |  |  |
|  | Caregiving Information and Assistance | | contact |  | \* n/a |
| **Category 5. Information Service** | | |  | **Units** | **Clients** |
|  | Information Services | | 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** | | |