SAN MATEO COUNTY AGING AND ADULT SERVICES
Management Information System (MIS) for IIIB and IIID

MONTHLY SUPPORTIVE SERVICES REPORT – FY 2019-2020
Titles III B and III D (Legal programs on separate MIS)

1. TYPE OF REPORT (CHECK ONE)	2. MONTH YEAR
_____ADDITION _____CORRECTION	_____/_____ _____/_____
3. AGENCY NAME	3. PROGRAM NAME

SERVICE ACTIVITY NAME	CARS CODE	FUNDING	# OF UNITS PROVIDED
Adult Day Care / Adult Day Health Care	5	IIIB	Day(s) of attendance
Health Promotion	1525	IIID	contact(s)
Information and Assistance • Information / Referral • Follow-up	13	IIIB	_____contact(s) _____contact(s)
Transportation	10	IIIB	one way trip(s)

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

GENERAL INSTRUCTIONS FOR COMPLETING

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

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

3. AGENCY NAME – Enter the name of your agency.

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

5. SERVICE ACTIVITY NAME, CARS CODE, FUNDING – Do not enter any data.

6. # OF UNITS PROVIDED – 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.