SAN MATEO COUNTY AGING AND ADULT SERVICES
Management Information System (MIS) Legal Services

MONTHLY SUPPORTIVE SERVICES REPORT – FY 2019-2020
Legal Program Services (FCSP on separate MIS)

1. TYPE OF REPORT (CHECK ONE)	2. MONTH YEAR
_____ADDITION _____CORRECTION	_____/_____ _____/_____
3. AGENCY NAME **Legal Aid Society of San Mateo County**	3. PROGRAM NAME

SERVICE ACTIVITY NAME	CARS CODE	FUNDING	# OF UNITS PROVIDED
Legal Assistance	11	IIIB	hour(s)
Clients' Rights Advocacy	Legal Services	County General Funds	hour(s)
Clients' Rights Advocacy	Community Education	County General Funds	hour(s)
Kids in Crisis	Legal Services	County General Funds	hour(s)
Kids in Crisis	Community Education	County General Funds	hour(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.