|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SAN MATEO COUNTY AGING AND DISABILITY SERVICES**  **Management Information System (MIS) Legal Services**  **(REVISED 06.2025)**  **MONTHLY SUPPORTIVE SERVICES REPORT – FY 2025-2026**  **Legal Program Services** (FCSP on separate MIS) | | | | |
| 1. TYPE OF REPORT (CHECK ONE)  ADDITION CORRECTION | | 2. MONTH YEAR  / / | | |
| 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 |
| Clients’ Rights Advocacy | Legal Services | | County General Funds | hour |
| Clients’ Rights Advocacy | Community Education | | County General Funds | hour |
| Kids in Crisis | Legal Services | | County General Funds | hour |
| Kids in Crisis | Community Education | | County General Funds | hour |
|  | | | | |
| 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.

1. MONTH AND YEAR OF REPORT – Enter the two-digit month and year in which the service was provided.
2. AGENCY NAME – Enter the name of your agency.
3. PROGRAM NAME – Enter the name of the contracted program you are reporting. Each contracted program must be reported on a separate form.
4. SERVICE ACTIVITY NAME, CARS CODE, FUNDING – Do not enter any data.
5. # 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.