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| **SAN MATEO COUNTY AGING AND DISABILITY SERVICES**  **Management Information System (MIS) for IIIB and IIID**  ***(Rev. 06.2025)***  **MONTHLY SUPPORTIVE SERVICES REPORT – FY 2025-2026**  **Titles III B and III D (Legal programs on separate MIS)** | | | | | |
| 1. TYPE OF REPORT (CHECK ONE)  ADDITION CORRECTION | | 2. MONTH YEAR  / / | | | |
| 3. AGENCY NAME | | 4. 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 / Disease Prevention | 15 | | IIIB | \_\_\_\_\_\_\_\_\_\_\_\_\_\_Sessions | |
| 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) | | | | | 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.