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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 AssistanceInformation / 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.