|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SAN MATEO COUNTY AGING AND ADULT SERVICES**  **Management Information System (MIS) for IIIB and IIID**  ***(Rev. 04.2021)***  **MONTHLY SUPPORTIVE SERVICES REPORT – FY 2020-2021**  **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 | | | | | | 1525 | | | IIID | contact(s) | | | | | | | | |
| Information and Assistance Information / Referral  * Follow-up | | | | | | 13 | | | IIIB | contact(s)  contact(s) | | | | | | | | |
| Transportation  \ | | | | | | 10 | | | IIIB | one way trip(s) | | | | | | | | |
| **COVID-19**  Information and Assistance | | | | | | 13 | | | IIIB |  | | | | | | | | |
|  | * Activity Kits |  | | | | contact(s) | | | | | | |  | |
| * Information / Referral | | |  |  | | |  | |  | |  | | contact(s) contact(s) | |  | |
| * Follow-up * Virtual Activities * Wellness Checks | |  | | |  | | |  |  | | |  | | session(s) | |  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_session(s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_contact(s) | | | | | | | | |
| **COVID-19**  Transportation   * Shopping support * Medication Pick-ups * Other COVID-19 trips | | | | | | 10 | | | IIIB | one way trip(s)  one way trip(s)  one way trip(s) | | | | | | | | |
| **COVID-19**  Adult Day Care / Adult Day Health Care   * Virtual Activities * Wellness Checks | | | | | | 5 | | | IIIB | session(s) contact(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.

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.

# 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.

**COVID-19 UNITS OF SERVICE REPORTING**

Information and Assistance: Enter the number of contacts made for the three activities listed during COVID-19.

Transportation: Enter the number of Meal Delivery or Other Delivery made during COVID-19. Other delivery examples include but are not limited to grocery delivery, medication delivery. These units are not people trips. Trips provided to individuals are to be entered in the “Transportation” section above.