

**Family Caregiver Support Program  
 Caring for Elderly / Caring for Child  
 FY 2020-2021**

Type of Report: <input type="checkbox"/> Addition <input type="checkbox"/> Correction		Report Period Ending (Mo/Yr):		
Print Name of Agency Reporting:		Print Name of Person Completing Report:		
Number of New Caregivers Served:				
<b>Category 1. Support Services</b> (previously Category III)			<b>Units</b>	<b>Clients</b>
	Caregiver Assessment	1 hour		
	Caregiver Counseling	1 hour		
	Caregiver Peer Counseling	1 hour		
	Caregiver Support Group	1 hour		
	Caregiver Training	1 hour		
	Caregiver Case Management	1 hour		
<b>Category 2. Respite Care</b> (previously Category IV)			<b>Units</b>	<b>Clients</b>
	Caregiver Respite In-Home Supervision	1 hour		
	Caregiver Respite Homemaker Assistance	1 hour		
	Caregiver Respite In-Home Personal Care	1 hour		
	Caregiver Respite Home Chore	1 hour		
	Caregiver Respite Out-of-Home Day Care	1 hour		
	Caregiver Respite Out-of-Home Overnight Care	1 hour		
<b>Category 3. Supplemental Service</b> (previously Category V)			<b>Units</b>	<b>Clients</b>
	Assistive Devices for Caregiving	1 device		
	Home Adaptations for Caregiving	1 modification		
	Caregiving Services Registry	1 hour		
	Caregiving Emergency Cash / Material Aid	1 assistance		
<b>Category 4. Access Assistance</b> (Previously Category II)			<b>Units</b>	<b>Clients</b>
	Caregiver Outreach	1 contact		* n/a
	Caregiving Information and Assistance	1 contact		* n/a
	Caregiver Interpretation / Translation	1 contact		* n/a
	Caregiver Legal Resources	1 contact		* n/a
<b>Category 5. Information Service</b> (Previously Category I)			<b>Units</b>	<b>Clients</b>
	Public Information on Caregiving	1 activity		* n/a
	Community Education on Caregiving	1 activity		* n/a
* Clients for categories 4 and 5 are reported quarterly via the Quarterly Unduplicated Client Count Report.				
I certify this report is correct and completed to the best of my knowledge.				
Signature			Date	