San Mateo County Aging and Adult Services
Modernization for the Older Californians Act
Monthly Data Report Instructions

Instructions	
Agency Name	Enter the name of your agency.
Reporting Period	Enter the month and year data is being reported for. Enter in the format (mm/yyyy).
Units of Service	Total number of hours/meals/one-way trips/contacts/etc. provided during the month.
Unduplicated Participants	Report the total number of unduplicated participants served each month. Even though a person receives a service all year long, they can only be counted once each year, i.e. if you count a client in the first month, do not count them again in a later month. (Thus, the count is unduplicated during the year.)
Unduplicated Participant Demographics	Enter whole numbers, do not report percentages. Only provide demographic information for this month's unduplicated participants.
Narrative Questions	Complete responses for each of the five questions listed with as much detail as possible within the word limit.

Report forms are due the 10th of every month for the previous month.

If the 10th of the months falls on a holiday or weekend, forms are due the next business day.

Send completed forms to Lindsey Joyner, ljoyner@smcgov.org

SUPPORTIVE SERVICES

Agency Name:	Reporting Period (mm/yyyy):
Print Name of Person Completing Report:	

 I certify this report is correct and completed to the best of my knowledge.

Signature   **Date**

Aging in Place	
Category	**Units**
Case Management Intake and Assessment	units
Case Management Care Planning	units
Case Management Coordination of Services	units
Case Management Monitoring and Follow Up	units
Monthly Unduplicated Participants	participants

AAS Use Only	ODRT Aging in Place Units	

Unduplicated Participant Demographics

Age
<60
60-64
65-69
70-74
75-79
80-84
85-89
90+

Gender
Male
Female
Transgender Male to Female
Transgender Female to Male
Genderqueer/ Non-Binary
Other

Sex
Male
Female

Sexual Identity
Straight
Bisexual
Gay/Lesbian
Questioning
Other

Race
White
Black
Chinese
Japanese
Laotian
Filipino
Korean
Samoan
Cambodian
Alaska Native
Asian Indian
Vietnamese
Other Asian
Guamanian
Hawaiian
Other Pacific

Ethnicity
Not Hispanic
Hispanic

Rural
Yes
No

Living Arrangement
Alone
Not Alone

Veteran
Yes
No

Poverty Status
At or below FPL
Above FPL

Narrative Questions
1. Describe the services provided this month. *(Do not exceed 300 words.)*
2. Describe the demographics of the participants of this month. *(Do not exceed 300 words.)*
3. Describe any successes and challenges. If there were challenges, describe any actions taken to address them. *(Do not exceed 300 words.)*
4. Describe any service collaboration efforts. *(Do not exceed 300 words.)*
5. Describe any capacity building strategies. *(Do not exceed 300 words.)*