

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 <u>once</u> 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

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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 | Unduplicated Participants |
| Home Chore | hours | participants |
| Homemaker Assistance | hours | participants |
| In-Home Supervision | hours | participants |
| In-Home Personal Care | hours | participants |
| Out-of-Home Day Care | hours | participants |
| Out-of-Home Overnight Care | hours | participants |

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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 |

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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.)*