

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Caregiver Support Program

REGISTERED SERVICES MONTHLY REPORT

1. AAA : _____ 2. Report Month: _____

		Caregivers		Grandparents	
		CG Units	CG's Served	GP Units	GP's Served
A	Counseling Services				
A1	Caregiver Training (CT5)				
A2	Peer Counseling (PC5)				
A3	Guidance Counseling (GC5)				
A4	Case Management (CM5), (KSC)				
B	TOTALS				

3. Prepared by: _____

4. Telephone: _____

5. Signature: _____

Instructions on Completing the Reporting Document

- 1) For item A, fill in the units provided and the number of people served for each of the individual services. Ensure units of service are based upon respective Service Specifications and match the month's III-E billings for that service.
- 2) The totals will be automatically calculated for each column in row B.
- 3) Enter the demographic data for the caregivers and grandparents served into the table provided. The totals will be automatically calculated.
- 4) The reporting document shall be submitted electronically via email to the DAAS Caregiver Program Coordinator on or before the 20th day of the month following the period of the report.
- 5) Print report and obtain signature of the Director or designated representative. Keep signed copy on file for data verification and monitoring purposes.

Equal Opportunity Employer/Program w Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, call (602) 542-4446; TTY/TDD Services: 7-1-1.

FCSP Registered Services Demographics

		Caregivers of Elderly						Grandparents					
		All CG	< 55	55-59	60-74	75-84	85+	All GP	< 55	55-59	60-74	75-84	85+
AGE	Total Caregivers	5						2					
	Caregiver Age	5	1	3	1			2	1		1		
	Age Missing												
GENDER	Male	2	1	1									
	Female	3		2	1			2	1		1		
	Gender Missing												
RURAL	Rural	5	1	3	1			2	1		1		
	Non-Rural												
	Rural Missing												
ETHNICITY	Hispanic/Latino												
	Non-Hispanic/Latino												
	Ethnicity Missing												
RACE	White Non-Hispanic												
	White Hispanic												
	American Indian/Alaskan	5	1	3	1			2	1		1		
	Asian												
	African-American												
	Native Hawaiian/Pacific												
	Other Race												
	Race Missing												
RELATION	Husband												
	Wife	1			1								
	Son/Son-in-law	1		1									
	Daughter												
	Daughter-in-law	1		1									
	Other Relative	2	1	1				2	1		1		
	Non-Relative												
	Relationship Missing												