AAA-1185A FORFF (10-09)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Caregiver Support Program

NON-REGISTERED SERVICES MONTHLY REPORT

1. AAA : _____ 2. Report Month: _____

		Caregivers		Grandparents	
		CG Units	CG's Served	GP Units	GP's Served
A	**Information**				
A1	Outreach (IR5)				
A2	Community Education and Info (EI5)				
	Sub-totals				
B	**Access Assistance**				
B1	Information and Referral (IN5)				
B2	Intake (INT)				
	Sub-totals				
C	**TOTALS**				

3. Prepared by: _____

4. Telephone: _____

5. Signature: _____

Instructions for Completing the Non-Registered Services Monthly Report

1) For item A, fill in the units provided and the total estimated audience size for the events and activities of the month. Ensure units of service are based upon the service specifications for each service and match that month's billings.

2) For item B, fill in the units provided and the total number of people served by each of the individual services. Ensure units of service are based upon the service specifications for each service and match that month's billings.

3) The totals will be automatically calculated for each column within items A, B, C.

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.

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