

**Inter Tribal Council of Arizona, Inc.  
Area Agency on Aging, Region 8 (ITCA-AAA)**

Title III - Caregiver Training (CGT) and Respite (RSP)

**Registered Services Monthly Report (RSMR)**

**Tribe:** \_\_\_\_\_

**Report Month/Year:** \_\_\_\_\_

The purpose of this form is to summarize units and identify separate data for Caregivers and Grandparents

**Instructions on completing the RSMR form:**

1. Record units for contracted services only
2. Submit report each month even if no units were obtained
3. Enter name of preparer with contact information
4. Report to be signed by authorized staff
5. Submit to:
  - a. DAARS User
  - b. ITCA Caregiver Coordinator (by email)
  - c. Tribal Finance Department (to be attached to AG053 Financial Report)

**Caregiver Training (CGT)**

	# of Clients Served	Units (# of Events)
<b>A. Caregivers</b>	0	0
<b>B. Grandparents</b>	0	0
<b>C. Total</b>	<b>0</b>	<b>0</b>

<b>Units (# of Events) to enter into DAARS</b>	<b>0</b>
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**Respite (RSP)**

	Units (# of Hours)
<b>A. Caregivers</b>	0
<b>C. Total</b>	<b>0</b>

<b>Units (# of Contacts) to enter into DAARS</b>	<b>0</b>
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**Prepared by:** \_\_\_\_\_

**Date Prepared:** \_\_\_\_\_

**Telephone/Email Address:** \_\_\_\_\_

**Authorized Signature/Date:** \_\_\_\_\_

