

**ADMINISTRATION FOR COMMUNITY LIVING
ADMINISTRATION ON AGING
TITLE VI PROGRAM PERFORMANCE REPORT**

Report Period April 1, _____ – March 31, _____

Title VI, Parts A/B and C _____

Title VI, Part A/B only _____

Grantee Name _____

Telephone _____ Email address _____

Part A/B Grant No. _____ Part C Grant No. _____

TITLE VI, PART A/B REPORT

A. STAFFING INFORMATION

Enter the number of staff paid wholly or partly by Title VI, Part A/B funds.

Full-time staff

Number of full-time staff:		Person(s)
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Part-time staff

Number of part-time staff:		Person(s)
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B. NUTRITION SERVICES

Congregate Meals

Unduplicated number of eligible persons who received one or more Congregate Meal(s) .		Person(s)
Total number of Congregate Meals served.		Meal(s)

Home-Delivered Meals

Unduplicated number of eligible persons who received one or more Home-delivered Meal(s) .		Person(s)
Total number of Home-delivered Meals provided.		Meal(s)

Other Nutrition Services

Total number of sessions of Nutrition Education .		Session(s)
Total number of persons who received Nutrition Counseling .		Person(s)
Total number of hours of Nutrition Counseling .		Hour(s)

C. SUPPORTIVE SERVICES

Access Services

Total number of contacts of Information and Assistance .		Contact(s)
Total number of Outreach activities .		Activities
Unduplicated number of persons receiving Case Management .		Person(s)
Total number of hours of Case Management .		Hour(s)
Unduplicated number of persons receiving Transportation .		Person(s)
Total one-way trips of Transportation .		One-way trip(s)

In-home Services

Unduplicated number of persons receiving Homemaker Services .		Person(s)
Total number of hours of Homemaker Services .		Hour(s)
Unduplicated number of persons receiving Personal Care/Home Health Aid Services .		Person(s)
Total number of hours of Personal Care/Home Health Aid Service .		Hour(s)
Unduplicated number of persons receiving Chore Services .		Person(s)
Total number of hours spent on Chore Services .		Hour(s)
Total number of contacts of Visiting .		Contact(s)
Total number of contacts of Telephoning .		Contact(s)

Other Supportive Services

Total number of Social Events held.		Event(s)
Total number of persons receiving Health Promotion and Wellness activities.		Person(s)
Total number of visits to persons in nursing facilities/homes or residential care communities .		Visit(s)

Optional space for other supportive services offered that are not listed above (5,000 characters or less):

D. FINANCE

Part A/B Spending

Total amount of funds spent on Congregate and Home-delivered Meals.		Dollars
Total amount of funds spent on Supportive Services Programming.		Dollars

Optional explanation of elements included in total amount of funds (5,000 characters or less):

What other sources of funds help you support your Title VI services:

Tribal funds	
State funds	
Title III funds	
Other grants	
Donations	

This finance section will be an addendum to the 425. This will NOT be used for audits.

E. STORYTELLING

Please share an example of how your Title VI program has helped an individual or your community (5,000 words or less):

****OFFICIAL SIGNATURE****

If only completing Title VI, Part A/B of this report, please go to page 6 to sign and date.

TITLE VI, PART C REPORT

A. STAFFING INFORMATION

Enter the number of staff paid wholly or partly by Title VI, Part C funds.

Full-time staff

Number of full-time staff:		Person(s)
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Part-time staff

Number of part-time staff:		Person(s)
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B. TOTAL CAREGIVERS SERVED

Caregivers served by the Title VI program are informal, unpaid providers of in-home and community care. Caregivers may be family members, neighbors, friends, or others.

Unduplicated number of caregivers to Elders or individuals of any age with Alzheimer's disease and related disorders.		Person(s)
Unduplicated number of Elder caregivers caring for children under the age of 18.		Person(s)
Unduplicated number of Elder caregivers providing care to adults 18-59 years old with disabilities.		Person(s)

C. CAREGIVER SUPPORT SERVICES

Services for Caregivers

Total number of activities of Information Services provided.		Activities
Total number of contacts of Information and Assistance provided.		Contact(s)
Unduplicated number of caregivers receiving Counseling (e.g. formal and/or informal counselors).		Person(s)
Total number of hours of Counseling .		Hour(s)
Total number of sessions of Support Group .		Session(s)
Unduplicated number of caregivers served in Caregiver Training .		Person(s)
Total number of hours of Caregiver Training .		Hour(s)

Supplemental Services: (report on units provided, unduplicated caregivers served, service category)

Service Category	Description of Service	Unduplicated Caregivers
Home Modification/Repairs		
Consumable Items		
Lending Closet		
Homemaker/Chore/ Personal Care Service		
Financial Support		
Other		

Respite Care for Caregivers

Respite care is a service for informal caregivers, not Elders or children. Respite care refers to allowing caregivers time away to do other activities by having an Elder, person with a disability, or child cared for by someone else.

Unduplicated number of caregivers of Elders or individuals of any age with Alzheimer's disease and related disorders provided Respite Care .		Person(s)
Total number of hours of Respite Care for caregivers of Elders or individuals of any age with Alzheimer's disease and related disorders.		Hour(s)
Unduplicated number of Elder caregivers of children under the age of 18 provided Respite Care .		Person(s)
Total number of hours of Respite Care for Elder caregivers of children under the age of 18 .		Hour(s)
Unduplicated number of Elder caregivers of adults 18-59 years old with disabilities provided Respite Care .		Person(s)
Total number of hours of Respite Care for Elder caregivers of adults 18-59 years old with disabilities .		Hour(s)

D. FINANCE

Part C Spending

This finance section will be an addendum to the 425. This will NOT be used for audits.

Total amount of funds spent on the Caregiver Program .		Dollars
Total amount of funds spent on Respite Care .		Dollars

Optional explanation of elements included in total amount of funds (5,000 characters or less):

Report Certified By _____
(Tribal Official or other authorized personnel)

Report Prepared by: _____

Telephone: _____ Email address: _____

Date Submitted: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB No. 0985-0007). Public reporting burden for this collection of information is estimated to average 3.5 hours per response, including time for gathering and maintaining the data needed and completing and reviewing the collection of information. The obligation to respond to this collection is required to retain the statutory authority for the Older Americans Act Amendments of 2006, P.L. 114-144. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Administration for Community Living, U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201-0008, Attention Kristen Hudgins, or email Kristen.Hudgins@acl.hhs.gov.