

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

Report Period April 1, [year] – March 31, [year]

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

| | | |
|-----------------|--|-----------|
| Full-time staff | | Person(s) |
|-----------------|--|-----------|

Part-time staff

| | | |
|-----------------|--|-----------|
| Part-time staff | | Person(s) |
|-----------------|--|-----------|

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/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 (1500 words 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 (1500 words or less):

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

| | |
|-----------------|-----------|
| Tribal funds | Yes or No |
| State funds | Yes or No |
| Title III funds | Yes or No |
| Other grants | Yes or No |
| Donations | Yes or No |

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 (1500 words or less):

****OFFICIAL SIGNATURE**** - If only completing Title VI, Part A/B of this report go to page [insert page] 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

| | | |
|-----------------|--|------------------|
| Full-time staff | | Person(s) |
|-----------------|--|------------------|

Part-time staff

| | | |
|-----------------|--|------------------|
| Part-time staff | | Person(s) |
|-----------------|--|------------------|

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 |
|------------------|------------------------|-------------------------|
|------------------|------------------------|-------------------------|

There will be a dropdown menu of service categories: **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 provided Respite Care. | | Person(s) |
| Total number of hours of Respite Care for caregivers of Elders. | | Hour(s) |
| Unduplicated number of caregivers of children under the age of 18 provided Respite Care. | | Person(s) |
| Total number of hours of Respite Care for caregivers of children under the age of 18. | | Hour(s) |
| Unduplicated number of caregivers of adults 18-59 years old with disabilities provided Respite Care. | | Person(s) |
| Total number of hours of Respite Care for 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 |

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 0985-0059). 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.