

## REHABILITATION CENTER'S SEMI-MONTHLY RESIDENTIAL ACTIVITY REPORT

Center's Name: \_\_\_\_\_ Center's Address: \_\_\_\_\_

Center's Phone No.: \_\_\_\_\_ Center Director's Name: \_\_\_\_\_ License/Contract Expiration Date: \_\_\_\_\_

Authorized Representative's Name: \_\_\_\_\_ Center Official's Signature: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Report Period Month: \_\_\_\_\_ Year: \_\_\_\_\_ 1st through 15th 16th through end of month

PARTICIPANT'S NAME AND DATE OF BIRTH (Include new address, if applicable)	AZTECS CASE NO.	ESTIMATED END OF TREATMENT DATE	DATES RESIDENT ENTERED / LEFT CENTER	BALANCE OF NA / CA CREDITED TO EBT ACCOUNT	DATE EBT CARD RETURNED TO FAA OR GIVEN TO PARTICIPANT	IS THE PARTICIPANT WORKING? ENTER START AND END DATES	PROGRAMS APPLIED FOR OR PARTICIPATED IN
				NA CA		Yes    No /	NA CA
				NA CA		Yes    No /	NA CA
				NA CA		Yes    No /	NA CA
				NA CA		Yes    No /	NA CA
				NA CA		Yes    No /	NA CA
				NA CA		Yes    No /	NA CA
				NA CA		Yes    No /	NA CA

## REHABILITATION CENTER'S MONTHLY RESIDENTIAL ACTIVITY REPORT

- A. Purpose:** For the Rehabilitation Center's representative to report information for all center residents who participated in an FAA benefit program during the reporting period.
- B. Completion:** All items are self-explanatory.
- Important:**
- Any** dollar balance(s) of Nutritional Assistance (NA) / Cash Assistance (CA) credited to the participant's EBT account **must be listed separately**.
- Any** change(s) in the designation of an authorized representative **requires notice** to FAA.
- This **report is due** to the FAA **no later than** the Close of Business (COB) on the 5th and 20th of each month.
- C. Routing:** The original is sent to the FAA or given to the FAA worker at the facility by the center's responsible official.
- D. Retention:** The center retains a copy for two years or until all issues are resolved, based on reported information.
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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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