

ARIZONA FAMILY CAREGIVER SUPPORT PROGRAM (FCSP) QUARTERLY SUMMARY REPORT

Area Agency on Aging Region: _____ Report Period: _____

Report Prepared By: _____ Date: _____

Agency Director's Signature _____ Date: _____

1. Major activities and accomplishments during this period.

2. Problems/Barriers and how addressed.

3. Dissemination activities (Outreach).

4. Best practices or Caregiver program Innovations.

5. Technical Assistance or Support Needed from the State Office.

6. Vignettes

Instructions for Preparing the Quarterly Report

FORMAT

Quarterly progress reports should give the FCSP Coordinator sufficient information for a full understanding of FCSP program performance. No page minimum or limitations are prescribed regarding the length of the report. Fully respond to each of the information categories covered by the report.

REPORT CONTENTS – Please follow this format

1. Major Activities and Accomplishments During this Period

Summarize FCSP activities and accomplishments that occurred during the reporting period. Reference should be made to each of the services provided by the AAA's FCSP program and included in the AAA's current Methodology.

2. Problems/Barriers and How Addressed

Describe any deviations or departures from the AAA's FCSP Methodology. Describe the problem, alternatives considered to resolve the problem, and the impact of the problem on achieving program goals and objectives.

3. Dissemination Activities (Outreach)

Describe dissemination activities that occurred in the three-month period. Dissemination materials should be included as an attachment to the report (i.e. copies of flyers, newsletters/newspaper articles, new locally produced brochures, etc.).

4. Best Practices and/or Caregiver Program Innovations

Describe best practices or caregiver program innovations that have been successful in the planning and service area.

5. Technical Assistance or Support Needed from the State Office

Fully describe the type of technical assistance needed. Include rationale or reason for the requested support. Indicate whether on-site technical assistance is needed.

6. Vignettes

Include anecdotal information or descriptions of situations where services provided through the Caregiver Program positively affected the lives of the caregivers or care recipient.

FAMILY CAREGIVER SUPPORT PROGRAM (FCSP) NON-REGISTERED QUARTERLY REPORT

Area Agency on Aging _____ Date Submitted _____

Prepared By _____ Agency Director _____

MONTH 1:		CAREGIVERS SERVED	GRANDPARENTS SERVED
A	Information		
A1	Outreach (IR5)		
A2	Community Education and Info (E15)		
Subtotals			
B	Access Assistance		
B1	Information and Referral (IN5)		
Subtotals			
MONTHLY TOTALS			

MONTH 2:		CAREGIVERS SERVED	GRANDPARENTS SERVED
A	Information		
A1	Outreach (IR5)		
A2	Community Education and Info (E15)		
Subtotals			
B	Access Assistance		
B1	Information and Referral (IN5)		
Subtotals			
MONTHLY TOTALS			

MONTH 3:		CAREGIVERS SERVED	GRANDPARENTS SERVED
A	Information		
A1	Outreach (IR5)		
A2	Community Education and Info (E15)		
Subtotals			
B	Access Assistance		
B1	Information and Referral (IN5)		
Subtotals			
MONTHLY TOTALS			

QUARTERLY TOTALS:		CAREGIVERS SERVED	GRANDPARENTS SERVED
A	Information		
A1	Outreach (IR5)		
A2	Community Education and Info (E15)		
Subtotals			
B	Access Assistance		
B1	Information and Referral (IN5)		
Subtotals			
QUARTERLY TOTALS			

INSTRUCTIONS FOR COMPLETING THE NON-REGISTERED SERVICES QUARTERLY REPORT

1. Quarterly Reports are due to the DES/DAAS Family Caregiver Support Program Coordinator on the 20th day of October, January, April, and July.
2. The information provided for Caregivers and Grandparents Served must match the units provided in the Division of Aging and Adult Services Reporting System (DAARS).
3. Complete for each month starting July 1st for A. Information. Provide estimated number of caregivers and grandparents or older relatives raising grandchildren that attended an A1. Outreach event or activity and/or received A2. Community Info. Add totals together and complete subtotals. The Caregivers and Grandparents Served can be estimates for A. Information.
4. Complete for each month starting July 1st for B. Access Assistance. Provide accurate number of caregivers and grandparents or older relatives raising children that received B1. Information and Referral. The Caregivers and Grandparents Served totals must match units entered in DAARS.
5. Complete the Monthly Totals for each month and ensure that they match that month's invoice.
6. Quarterly Totals must reflect the totals for each month and match the data in DAARS.
7. Attach sign in sheets and/or program flyers for events, activities or other programs provided.
8. Review Quarterly Reports then submit with signatures of agency Director or designated representative.
9. Keep signed copy on file for data verification and monitoring purposes.
10. Quarterly reports will be reviewed during Quarterly Family Caregiver Coordinator calls.