OMB No. XXXX-XXXX

Expiration Date: XX/XX/XXXX

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 \_\_\_\_\_\_**

Tribal Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part A/B Grant No. \_\_\_\_\_\_\_\_\_ Part C Grant No.\_\_\_\_\_\_\_\_\_\_

**------------------------------------------------------------------------------------------------------------------------------------------**

# TITLE VI, PART A/B REPORT

## STAFFING INFORMATION

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

### Full-time staff

| Full-time staff  | Enter number here | Person(s) |
| --- | --- | --- |

### Part-time staff

| Part-time staff  | Enter number here | Person(s) |
| --- | --- | --- |

### Volunteers

| Volunteers | Enter number here | Person(s) |
| --- | --- | --- |
| Total volunteer hours | Enter number here | Hour(s) |

## NUTRITION SERVICES

### Congregate Meals

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

### Home-Delivered Meals

| Unduplicated number of eligible persons who received one or more Home-delivered Meal(s). | Enter number here | Person(s) |
| --- | --- | --- |
| Total number of Home-delivered Meals provided.  | Enter number here | Meal(s) |
| Total mileage for the furthest round-trip meal delivery. | Enter number here | Mile(s) |

### Other Nutrition Services

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

## SUPPORTIVE SERVICES

### Access Services

| Total number of contacts of Information/Assistance. | Enter number here | Contact(s) |
| --- | --- | --- |
| Total number of events of Outreach. | Enter number here | Event(s) |
| Unduplicated number of persons receiving Case Management. | Enter number here | Person(s) |
| Total number of hours of Case Management. | Enter number here | Hour(s) |
| Unduplicated number of persons receiving Transportation. | Enter number here | Person(s) |
| Total one-way trips of Transportation. | Enter number here | One-way trip(s) |

### In-home Services

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

### Other Supportive Services

| Total number of Social Events held. | **Enter number here** | Event(s) |
| --- | --- | --- |
| Total number of hours spent on Health Promotion and Wellness activities. | **Enter number here** | Hour(s) |

## FINANCE

### Part A/B Spending

### What other sources of funds help you support your Elder services:

| Tribal funds | Yes or No |
| --- | --- |
| State funds | Yes or No |
| Title III funds | Yes or No |

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

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

\*\*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

## STAFFING INFORMATION

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

### Full-time staff

| Full-time staff | Enter number here | Person(s) |
| --- | --- | --- |

### Part-time staff

| Part-time staff | Enter number here | Person(s) |
| --- | --- | --- |

### Volunteers

| Volunteers | Enter number here | Person(s) |
| --- | --- | --- |
| Total volunteer hours | Enter number here | Hour(s) |

## CAREGIVER CHARACTERISTICS

*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 informal caregivers, age 18 and older, of Elders or individuals of any age with Alzheimer’s disease and related disorders. | Enter number here | Person(s) |
| --- | --- | --- |
| Unduplicated number of Elders caring for children (not their own by birth or adoption) under the age of 18. | Enter number here | Person(s) |
| Unduplicated number of Elders (including parents) providing care to adults 18-59 years old with disabilities.  |  | Person(s) |
| Total unduplicated number of eligible informal caregivers served by Part C. | [Auto sum] | Person(s) |

## CAREGIVER SUPPORT SERVICES

### Access Services for Caregivers

| Total number of activities of Information Services provided. | Enter number here | Activities |
| --- | --- | --- |
| Total number of contacts of Information and Assistance provided. | Enter number here | Contact(s) |
| Unduplicated number of persons who received Case Management. | Enter number here | Person(s) |
| Total number of hours spent on Case Management. | Enter number here | Hour(s) |

### Services for Caregivers

| Unduplicated number of persons receiving Counseling (e.g. formal and/or informal counselors). | Enter number here | Person(s)  |
| --- | --- | --- |
| Total number of hours of Counseling. | Enter number here | Hour(s) |
| Unduplicated number of persons served in Support Group. | Enter number here | Person(s) |
| Total number of sessions of Support Group. | Enter number here | Session(s) |
| Unduplicated number of persons served in Caregiver Training. | Enter number here | Person(s)  |
| Total number of hours of Caregiver Training. | Enter number here | Hour(s) |
| Unduplicated number of persons receiving Supplemental Services. | Enter number here | Person(s) |

### 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. | Enter number here | Person(s) |
| --- | --- | --- |
| Total number of hours of Respite Care for caregivers of Elders. | Enter number here | Hour(s) |
| Unduplicated number of caregivers of children under the age of 18 provided Respite Care. | Enter number here | Person(s) |
| Total number of hours of Respite Care for caregivers of children under the age of 18. | Enter number here | Hour(s) |
| Unduplicated number of caregivers of adults 18-59 years old with disabilities provided Respite Care. | Enter number here | Person(s) |
| Total number of hours of Respite Care for caregivers of adults 18-59 years old with disabilities. | Enter number here | Hour(s) |
| Total unduplicated number of caregivers provided Respite Care. | [Auto-sum] | Person(s) |
| Total number of hours of Respite Care. | [Auto-sum] | Hour(s) |

## FINANCE

### Part C Spending

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

| Total amount of funds spent on the Caregiver Program.  | **Enter number here** | Dollars |
| --- | --- | --- |
| Total amount of funds spent on Respite Care.  | **Enter number here** |  |

## STORYTELLING

Please share an example of how your Title VI program has helped an individual or your community (300 words or less):

Report Certified By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Tribal Official or other authorized personnel)

Report Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_