

Community Health Center Senior Access Program - SFY 2012

Grantee Quarterly Report Form

Grantee:

Manager:

E-mail:

Phone:

Period: From: To:

Total Award Amount: \$

Expenditure This Period: \$

Remaining Balance: \$

Check All that Apply	Potential Grant Activities. Grantees may also propose others (specify)	Total # Clients Served via Grant - This Period	# New Clients Served via Grant - This Period
<input type="checkbox"/> Check Box	Community education re: Medicare or CHC services for Seniors		
<input type="checkbox"/> Check Box	Provider education re: needs of Seniors		
<input type="checkbox"/> Check Box	Media activities		
<input type="checkbox"/> Check Box	Financing of direct services provided to Medicare recipients		
<input type="checkbox"/> Check Box	Partial salaries for provider(s) who serve Medicare recipients		
<input type="checkbox"/> Check Box	Outreach services		
<input type="checkbox"/> Check Box	Group sessions for patients with chronic disease		
<input type="checkbox"/> Check Box	Other - Primary Care Service - Specify via #, from RFP Section 1(b):		
<input type="checkbox"/> Check Box	Other - Primary Care Service - Specify via #, from RFP Section 1(b):		
Total Non-Duplicated Clients		Total Clients - This Period	New Clients - This
		<input type="text"/>	<input type="text"/>

Narrative

Narrative regarding Progress

Empty text box for narrative regarding progress.

Narrative regarding Barriers &/or Changes

Empty text box for narrative regarding barriers and/or changes.

Report Form - (a) Case Example, and, (b) Improvement Suggestions

Provide One Case Example, re: Utility or Success of Program

Empty text box for providing one case example.

Note: "Successes" can be described at either the system or the individual case level. If above-requested "success example" regards a particular "case," person or family, please obscure (& do not name) the person(s)

Narrative regarding Improvement Suggestion(s)

Empty text box for narrative regarding improvement suggestions.

When completed - send as e-attachment to: robert.sewell@alaska.gov