

Please select the reporting period

Beginning - 12/31/2013	
1/1/2014 - 3/31/2014	
4/1/2014-6/30/2014	
7/1/2014-8/31/2014	

Table 2: Payer information

Location	Client No.	Payer				
		Medicare	Medicaid	Private/ Commercial Insurer	Other (free text)	None

Please select the reporting period

Beginning - 12/31/2013	
1/1/2014 - 3/31/2014	
4/1/2014-6/30/2014	
7/1/2014-8/31/2014	

Table 3: Intervention Characteristics

Intervention Characteristics						
Location	Client No.	Intervention Start Date	Intervention Goal	Intervention Activities/Design	Update on achievement of goals	Partners involved in intervention

Please select the reporting period

Beginning - 12/31/2013	
1/1/2014 - 3/31/2014	
4/1/2014-6/30/2014	
7/1/2014-8/31/2014	

Table 4: Additional Resources Required

Additional Resources Required						
Location	Client No.	Were any additional resources used?	Financial (free text)	Equipment (free text)	Volunteer work (free text)	Other (explain)

