

Element: CURRENT	
Title VI, Parts A/B and C	
Title VI, Part A/B only	
Tribal Organization	
Address	
(not in current form)	
(not in current form)	
Part A/B Grant No.	
Part C Grant No	
Report Period	
STAFFING INFORM.	
Full-time staff	
Part-time staff	
NUTRITION SERV	
Congregate Me	
UNDUPLICATED NUMBER of eligible persons who received one or more congregate meal	
TOTAL NUMBER of congregate meals served	
Home-Delivered I	
UNDUPLICATED NUMBER of eligible persons who received one or more home-delivered meal	
TOTAL NUMBER of home-delivered meals provided	
Other Nutrition Se	
Nutrition Education (units)	
(not in current form)	
Nutrition Counseling (units)	
SUPPORTIVE SERV	
UNDUPLICATED NUMBER of eligible Indians who received one or more of the supportive services below	
Access Service	
Information/Referral (contacts)	
Outreach (contacts)	
(not in current form)	
Case Management (hour)	
(not in current form)	
Transportation (one way trips)	
LEGAL ASSISTANCE	
(not in current form)	
Homemaker Service (hours)	
(not in current form)	
Personal Care/Home Health Aid Service (hours)	
(not in current form)	
Chore Service (hours)	
Visiting (contacts)	
Telephoning (contacts)	
Family Support (contacts)	

(not in current form)
(not in current form)
HEALTH PROMOTION AND WELLNESS (hours)
OMBUDSMAN SERVICES
(not in current form)
ALL OTHERS
(not in current form)
(not in current form)
(not in current form)
(not in current form)
(not in current form)
(not in current form)
(not in current form)
(not in current form)
TITLE VI, PART C RI
STAFFING INFORM.
Full-time staff
Part-time staff
(not in current form)
(not in current form)
(not in current form)
CAREGIVER SUPPPORT
Unduplicated Number Information about available services
(not in current form)
Total Number Information about available services
Unduplicated Number Assistance in gaining access to available services
Total Number Assistance in gaining access to available services
Unduplicated Number Individual Counseling
Total Number Individual Counseling
Unduplicated Number Support Groups
Total Number Support Groups
Unduplicated Number Caregiver Training
Total Number Caregiver Training
(not in current form)
Lending Closet

(not in current form)
(not in current form)
Other
Unduplicated Number Respite
Total Number Respite
(not in current form)
(not in current form)
(not in current form)
(not in current form)
(not in current form)
(not in current form)
(not in current form)
Briefly describe your coordination activities in providing supportive services for caregivers
Briefly describe the standards and quality assurance mechanisms you are using.

Element: FUTURE

Title VI, Parts A/B and C
Title VI, Part A/B only
Grantee Name
(not in future form)
Telephone
Email address
Part A/B Grant No.
Part C Grant No
Report Period
MEALS
Full-time staff
Part-time staff
MEALS
Unduplicated number of eligible persons who received one or more Congregate Meal(s).
Total number of Congregate Meals served.
Meals
Unduplicated number of eligible persons who received one or more Home-delivered Meal(s).
Total number of Home-delivered Meals provided.
SERVICES
Total number of sessions of Nutrition Education.
Total number of persons who received Nutrition Counseling.
Total number of hours of Nutrition Counseling.
SERVICES
(not in future form except where noted below)
SERVICES
Total number of contacts of Information/Assistance.
Total number of Outreach activities
Unduplicated number of persons receiving Case Management.
Total number of hours of Case Management.
Unduplicated number of persons receiving Transportation.
Total one-way trips of Transportation.
(not in future form)
Unduplicated number of persons receiving Homemaker Services.
Total number of hours of Homemaker Services.
Unduplicated number of persons receiving Personal Care/Home Health Aid Services.
Total number of hours of Personal Care/Home Health Aid Service.
Unduplicated number of persons receiving Chore Services.
Total number of hours spent on Chore Services.
Total number of contacts of Visiting.
Total number of contacts of Telephoning.
(not in future form)

Other Supportive Services
Total number of Social Events held.
Total number of persons receiving Health Promotion and Wellness activities.
(not in future form)
(not in future form)
Total number of visits to persons in nursing facilities/homes or residential care communities
Optional space for other supportive services offered that are not listed above
FINANCE
Part A/B Spending
Total amount of funds spent on Congregate and Home-delivered Meals.
Total amount of funds spent on Supportive Services Programming.
Optional explanation of elements included in total amount of funds
What other sources of funds help you support your Elder services
Tribal funds
State funds
Title III funds
Other grants
Donations
EMPLOYMENT
Full-time staff
Part-time staff
CAREGIVER CHARACTERISTICS
Unduplicated number of caregivers to Elders or individuals of any age with Alzheimer's disease and related disorders.
Unduplicated number of Elder caregivers caring for children under the age of 18.
Unduplicated number of Elder caregivers providing care to adults 18-59 years old with disabilities
INFORMATION SERVICES
(not in future form)
Total number of activities of Information Services provided.
Total number of contacts of Information and Assistance provided.
(not in future form)
(not in future form)
Unduplicated number of caregivers receiving Counseling (e.g. formal and/or informal counselors).
Total number of hours of Counseling.
(not in future form)
Total number of sessions of Support Group.
Unduplicated number of persons served in Caregiver Training.
Total number of hours of Caregiver Training.
Supplemental Services: Home Modification/Repairs
Supplemental Services: Consumable Items
Supplemental Services: Lending Closet

Supplemental Services: Homemaker/Chore/Personal Care Service
Supplemental Services: Financial Support
Supplemental Services: Other
RESPITE
Unduplicated number of caregivers of Elders provided Respite Care.
Total number of hours of Respite Care for caregivers of Elders.
Unduplicated number of caregivers of children under the age of 18 provided Respite Care.
Total number of hours of Respite Care for caregivers of children under the age of 18.
Unduplicated number of caregivers of adults 18-59 years old with disabilities provided Respite Care.
Total number of hours of Respite Care for caregivers of adults 18-59 years old with disabilities.
FINANCE
Part C Spending
Total amount of funds spent on the Caregiver Program.
Total amount of funds spent on Respite Care.
STORYTELLING
Please share an example of how your Title VI program has helped an individual or your community (1500 words or less):
(not in future form)
(not in future form)