

Reporting Legal Service Provider Name		Legal Provider County(ies) Served
Quarterly Reporting Period	Date Submitted to AAA	Legal Provider Contact Name
Legal Provider Contact Telephone		Legal Provider Contact E-mail

Reporting Area Agency on Aging* (AAA) Name		AAA Person Name Validating Report	
PSA* / AAA Number	Date Submitted to CDA	AAA Contact Telephone	AAA Contact E-mail

Total Unduplicated* Client Count for Quarter	
Total Cases Closed in Quarter	
Total Units of Service* for Quarter (Unit = 1 Hour)	

CLIENT CHARACTERISTICS FOR UNDUPLICATED* CLIENTS IN CASES OPENED THIS QUARTER			
CLIENT AGE	Total	CLIENT RACE* <i>(Each Unduplicated Client is to be reported in <u>only one</u> race category)</i>	Total
◆ 60-64		◆ Two or More Races*	
◆ 65-74		◆ Caucasian*	
◆ 75-84		◆ African American*	
◆ 85+		◆ Native American / Native Alaskan*	
◆ Client Declined to Provide Information*		◆ Asian/Pacific Islander* <i>(breakdown is to comply with California Government Code 8310.5)</i>	
TOTAL (= Unduplicated* Client Total for Quarter)		❖ Asian Indian	
CLIENT GENDER	Total	❖ Cambodian	
◆ Male		❖ Chinese	
◆ Female		❖ Filipino	
◆ Client Declined to Provide Information*		❖ Japanese	
TOTAL (=Unduplicated* Client Total for Quarter)		❖ Korean	
OTHER CLIENT CHARACTERISTICS	Total	❖ Laotian	
◆ Frail/Disabled*		❖ Vietnamese	
◆ Homebound*		❖ Guamanian	
◆ Lives Alone		❖ Hawaiian	
◆ Institutionalized*		❖ Samoan	
◆ Suspected Victim of Elder Abuse/Exploitation*		❖ Other Asian / Pacific Islander	
◆ Limited English		◆ Race Unknown/Some Other Race*	
◆ Rural*		◆ Client Declined to Provide Information*	
◆ Greatest Economic Need* (Minority)*		TOTAL (=Unduplicated* Client Total for Quarter)	
◆ Greatest Economic Need* (Non-Minority)*			
◆ Greatest Economic Need* (Minority Status Unknown)			
CLIENT ETHNICITY*	Total		
◆ Hispanic / Latino* <i>(This is a separate category from Race)</i>			

CASE INFORMATION (Include All Cases Regardless of Whether Clients are Duplicated or Unduplicated)

CASES OPENED IN QUARTER (Total Cases Opened by Legal Problem Code)		CASES CLOSED IN QUARTER (Total Cases Closed by Case Closing Code & Legal Problem Code)		
LEGAL PROBLEM CODE	TOTAL	CASE CLOSING CODES – LEVEL OF SERVICE (Report <u>only one</u> code per case closed)		
		<i>Counsel and Advice ▲ (CA)</i>	<i>Limited Additional Services ▲(LAS)</i>	<i>Legal Representation ▲ (LR)</i>
A. CONSUMER / FINANCE				
A1. Bankruptcy / Debt Collection ❖				
A2. Contracts / Warranties ❖				
A3. Other Consumer/Finance ❖				
B. EMPLOYMENT				
B1. Discrimination ❖				
B2. Other Employment ❖				
C. FAMILY				
C1. Divorce/Custody/Visitation/Support/Grandparents Rights ❖				
C2. Conservatorship ❖				
C3. Other Family ❖				
D. HEALTH/COMMUNITY BASED CARE				
D1. Medi-Cal / Medicaid ❖				
D2. Medicare ❖				
D3. Other Health / Community Based Care ❖				
E. HOUSING				
E1. Landlord-Tenant (Subsidized or Private Housing) ❖				
E2. Real Property: Home loans / Foreclosure / Reverse Mortgages ❖				
E3. Other Housing ❖				
F. INCOME MAINTAINANCE				
F1. Social Security ❖				
F2. Supplemental Security Income (SSI) ❖				
F3. Pensions / Retiree Benefits ❖				
F4. Other Income Maintenance ❖				
G. INDIVIDUAL RIGHTS				
G1. Immigration / Naturalization ❖				
G2. Elder Abuse / Neglect/ Exploitation ❖				
G3. Other Individual Rights ❖				
H. MISCELLANEOUS				
H1. Estate Planning/ Wills / Trusts ❖				
H2. Advance Health Care Directives (AHCD) ❖				
H3. Financial Powers of Attorney ❖				
H4. Other Miscellaneous ❖				
TOTAL CASES OPENED IN QUARTER		TOTAL CASES CLOSED IN QUARTER BY CASE CLOSED CODE		
		TOTAL COUNSEL AND ADVICE ▲	TOTAL LIMITED ADD. SERVICES ▲	TOTAL LEGAL REPRESENTATION ▲
TOTAL ESTIMATED CASE WORK HOURS SPENT (Include preparation time)				

- **NOTE:** Terms marked with a broken diamond (❖) are defined in the Legal Problem Code Definitions (Part Four B) section of the Report Instructions.
- **NOTE:** Terms marked with the raised triangle (▲) are defined in the Case Closing Code / Level of Service Definitions section (Part Four C) of Report Instructions

OUTREACH / COMMUNITY EDUCATION ACTIVITIES DATA

(Attach Sheets as Needed)

INFORMATION ON SPECIAL OUTREACH ACTIVITIES

DATE	LOCATION (If Applicable)	TYPE OF OUTREACH ACTIVITY	GROUPS TARGETED BY OUTREACH	EST # OF PEOPLE REACHED	EST. HOURS (Including Prep, Travel, Presenting)
TOTAL # OF SPECIAL OUTREACH ACTIVITIES IN THE QUARTER =					
TOTAL ESTIMATED # OF SPECIAL OUTREACH ACTIVITY HOURS IN THE QUARTER =					

INFORMATION ON COMMUNITY LEGAL EDUCATION PROGRAMS / ACTIVITIES

DATE	LOCATION (If Applicable)	TOPIC	TARGETED AUDIENCE	EST # OF PARTICIPANTS	EST. HOURS (Including Prep, Travel, Presenting)
TOTAL # OF COMMUNITY LEGAL EDUCATION PROGRAMS IN THE QUARTER =					
TOTAL ESTIMATED # OF COMMUNITY LEGAL EDUCATION HOURS IN THE QUARTER =					

OPTIONAL NARRATIVES

(Use additional paper if needed)

OPTIONAL SUCCESS STORY(IES) / CASE SUMMARY(IES)

Provide Brief Narrative(s) of Notable Case(s) and/or Achievement(s).

*Remember to EXCLUDE any client identifying information.

OPTIONAL INFORMATION ON COLLABORATION WITH OTHER ADVOCACY GROUPS

Briefly describe activities relating to your partnerships, collaboration and networking with other elder rights advocacy groups (e.g., LTC, Ombudsman, HICAP, APS, AAA, or Other State Organizations).