

This form is to be used by Area Agency on Aging (AAA) to request funds from the California Department of Aging (CDA) following a disaster event, after all other sources of revenue have been depleted.

SECTION I					
Date Report Prepared:					
AAA Name:		PSA Number:			
Contact Name:	Title or Position:				
Work Phone:	Email:				
Reporting Period: From:	То:				
Name of Disaster Event:	Date of Disaster Eve	ent:			
Comments (continue on separate piece of paper if additional space is needed):					



#### **SECTION II**

Disaster services provided by or through the Area Agency on Aging this reporting period:

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Services	Number of Seniors Served	Number of Times Service Provided	Estimated Cost of Assistance Provided By/Through Area Agency	Area Agency on Aging's Share of Assistance Costs	
A. Expanded I&A Services					
B. Expanded Congregate Meals					
C. Expanded Home-Delivered Meals					
D. Expanded Transportation					
1. To/From FEMA Help Center					
2. To/From Medical					
3. To/From Other					
E. Expanded In-Home Care					
F. Forms Completion Assistance					
G. Expanded Care Management					
H. Relocation/Moving Assistance (evacuation)					
I. Assistance with Home Clean-up					
J. Expanded Legal Services					
K. Special Outreach Activities					
L. Support at FEMA Help Centers					
M. 1. Other					
2. Other					
3. Other					
N. Administrative Support					
REPORT PERIOD TOTAL					



# **SECTION III** Use this table to indicate how costs were incurred based on the format below: Number **Cost Item or Type of Expenditure** of Older **Disaster Assistance Purpose of Cost Item Date Persons Amount Provided** Served



SECTION IV					
Attach documentation or supporting evidence authorizing your agency to provide service(s) (e.g., copies of receipts, written agreements, verbal authorization by whom, etc.). Documentation should include the following (continue on separate piece of paper if additional space is needed):					
A brief assessment of the need for the service/assistance:					
The areas or communities receiving the service or assistance:					



SECTION V					
Use this table to document efforts made to obtain support from other sources (i.e., including county or city Emergency Operations Centers, American Red Cross, interfaith relief support, any private local recovery fund (e.g., United Way) or FEMA).					
Potential Source	Response or Result				
SECTION VI					
Use this table to document other organization	ons entitled to funds from this claim.				
Organization	Services Provided	Amount			