

## Title IIIB Legal Assistance Report Form Quarterly and Annual

**Reporting Period:**

- Quarter 1 (July-Sept)  
  Quarter 2 (Oct-Dec)  
  Quarter 3 (Jan-March)  
  Quarter 4 (Apr-June)  
 Annual Year-End Report (July-June)

**Area Agency on Aging:**

**Legal Service Provider:**

**Counties Served by Contract:**

**\_\_\_\_\_ Hours of Service Provided:**

- \_\_\_\_\_ Hours paid for with AAA funds  
 \_\_\_\_\_ Hours provided by legal service provider through match

**\_\_\_\_\_ Estimated Number of Unduplicated Consumers Served**

*Demographic Data*

Please provide the information requested below for the consumers served.

**Race**

- \_\_\_\_\_ American Indian/Alaska Native  
 \_\_\_\_\_ Asian  
 \_\_\_\_\_ Black or African American  
 \_\_\_\_\_ Native Hawaiian or Pacific Islander  
 \_\_\_\_\_ White  
 \_\_\_\_\_ Race Missing

**Age**

- \_\_\_\_\_ <60  
 \_\_\_\_\_ 60-64  
 \_\_\_\_\_ 65-74  
 \_\_\_\_\_ 75-84  
 \_\_\_\_\_ 85+  
 \_\_\_\_\_ Age Missing

**Geographic Distribution**

- \_\_\_\_\_ Rural  
 \_\_\_\_\_ Non-Rural  
 \_\_\_\_\_ Geographic Distribution Missing

**Ethnicity**

- \_\_\_\_\_ Hispanic/Latino  
 \_\_\_\_\_ Not Hispanic/Latino  
 \_\_\_\_\_ Ethnicity Missing

**Poverty Status**

- \_\_\_\_\_ At or Below  
 \_\_\_\_\_ Above  
 \_\_\_\_\_ Poverty Status Missing

**Gender**

- \_\_\_\_\_ Female  
 \_\_\_\_\_ Male  
 \_\_\_\_\_ Other  
 \_\_\_\_\_ Gender Missing

**Household Status**

- \_\_\_\_\_ Lives Alone  
 \_\_\_\_\_ Lives with Others  
 \_\_\_\_\_ Lives in Long-Term Care Facility  
 \_\_\_\_\_ Household Status Missing

# Title IIIB Legal Assistance Report Form Quarterly and Annual

## *Legal Assistance Cases*

\_\_\_\_\_ **Total Number of Open Cases**

\_\_\_\_\_ **Total Number of Closed Cases**

\_\_\_\_\_ Number of Closed Cases – Advice

\_\_\_\_\_ Number of Closed Cases – Limited Representation

\_\_\_\_\_ Number of Closed Cases – Representation

*Please indicate the number of cases handled in each of the following categories:*

Total #	Case Type	Total #	Case Type
_____	Abuse/Neglect	_____	Income
_____	Age Discrimination	_____	Long-term Care
_____	Defense of Guardianship or Protective Services	_____	Nutrition
_____	Health Care	_____	Other/Miscellaneous
_____	Housing	_____	Utilities

## **Semi-Annual Outcome Report**

*Semi-Annually (January and July) please respond to the following questions, and attach the required Legal Service Narrative.*

### **Emerging Issues**

*Describe below any activities, issues of concern, etc. not addressed elsewhere in report.*

### **Unmet Needs**

*Provide the following information on clients whose legal needs could not be met under this service.*

Number of Clients

Estimated Number of Hours

Types of Cases with Unmet Needs:

*I certify that the above information is true and accurate.*

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Executive Director

Date