

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

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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.

AAA Executive Director

Date