

State of New York Office For People With Developmental Disabilities

Program Quarterly Report for Family Support Services

Agency Name		Contract Number			Program \$ Amount				
Program Name		Contact Person			Tabs Program Code (8 digit)				
DDSO Name		Quarter		1st Qtr New DDP1s	2nd Qtr New DDP1s	3rd Qtr New DDP1s	4th Qtr New DDP1s		
		From: To:							
Section A. Services		First Quarter General Family Support *1 Unit of Service Equals 1 Hour		Second Quarter General Family Support *1 Unit of Service Equals 1 Hour		Third Quarter General Family Support *1 Unit of Service Equals 1 Hour		Fourth Quarter General Family Support *1 Unit of Service Equals 1 Hour	
		Total # of Units of Service	Total # of People Served	Total # of Units of Service	Total # of People Served	Total # of Units of Service	Total # of People Served	Total # of Units of Service	Total # of People Served
List the "type" of service provided as described in TABS (see list)									
TOTAL: Section A		0	0	0	0	0	0	0	0
13	Hourly Respite	80	Sleepaway Camp	89	Training (Family Caregiver/Self Development)				
27	FSR: 9 individuals or more	82	Case Management	90	Summer Day Rec				
74	Behavior Manangement	83	Day/Evening Respite	91	Day/Evening Recreation				
76	Overnight Respite	84	FSR: 8 individuals or less	92	Home Care				
77	Home Mod/Adaptive	87	Crisis Intervention	93	Information and Referral/Outreach				
79	Other FSS	88	Counseling	94	Transportation				
Section B. Summary of Persons Served <small>(All Persons NEW on 1 st day of fiscal Year)</small>		1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER	Comments:			
Number of individuals actively served during this quarter.		(a) 0	(b) 0	(c) 0	(d) 0				
Number of individuals newly enrolled in the program during this quarter.		(e) 0	(f)	(g)	(h)				
Total # of individuals served during the year (unduplicated count).		(i) 0	(j) (i+f) 0	(k) (j+g) 0	(l) (k+h) 0				

State of New York Office For People With Developmental Disabilities

Family Support Services Agency Quarterly Report for Family and Respite Reimbursement Programs

Agency Name	Program Name

Tab# Program Code (8 Digit)	Contact Person	Phone Number

DDSO Name:	County:	<small>1st Qtr New DDPIs</small>	<small>2nd Qtr New DDPIs</small>	<small>3rd Qtr New DDPIs</small>	<small>4th Qtr New DDPIs</small>	Program Amount: \$
Quarter: From	to					Amount to Families: \$

Contract Number: CO	Date Received by DDSO:		County Amount: \$
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Program Type 78 - Family Reimbursement	Respite Reimbursement			Environmental Modifications/Repairs		Reimbursement for Goods and Services <small>(other than Respite and E-mod)</small>		Totals By Quarter		
	<small>1 # of Respite Hours Received</small>	<small>2 Total # of People Served</small>	<small>3 Total \$ Amount</small>	<small>4 Total # of People Served</small>	<small>5 Total \$ Amount</small>	<small>6 Total # of People Served</small>	<small>7 Total \$ Amount</small>	<small>Total # of Respite Hours Received (same as 1)</small>	<small>Total # of People Served (add 2+4+6)</small>	<small>Total \$ Amount (add 3+5+7)</small>
First Quarter										0
Second Quarter										0
Third Quarter										0
Fourth Quarter										0
Total to Date	0	0	0	0	0	0	0	0	0	0

<small>Section B. Summary of Persons Served (All Persons NEW on 1 st day of fiscal Year)</small>	1st QUARTER	2nd QUARTER	3rd QUARTER	4th QUARTER	Units of Service (= hours of respite provided to families)			
Number of individuals actively served during this quarter. <small>(Unduplicated Count)</small>					1ST Quarter	2nd Quarter	3rd Quarter	4th Quarter
Number of individuals newly enrolled in the program during this quarter.								
Total # of individuals served during the year <small>(unduplicated count).</small>	0	0	0	0	Comment:			

FSS Quarterly Report

Progress/Activities/Accomplishments:

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Problems Encountered/Resolved:

(Please indicate how problems mentioned in previous quarters have been resolved or if they are still pending.)

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<i>Name of Agency</i>	<i>Preparer's Name and Title</i>
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<i>Telephone Number with Area Code</i>	<i>Signature</i>
<i>Date</i>	<i>E-Mail Address</i>