

Camden Co. Senior Citizens' Services Fund Board

EXHIBIT B: YEAR END REPORT :

YEAR: \_\_\_\_\_

Org. Name: \_\_\_\_\_

**Performance of Proposed Service**

Indicate the total number of units of service **provided in Camden County** and the number of units funded by county funds for each expense item. Indicate the dollar amount county funds expended.

**Provide data for Jan. 1 - Dec. 31, \_\_\_\_\_ Camden Co. Funds received \$ \_\_\_\_\_**

THIS FORM IS DUE ON OR BEFORE **JAN 15** FOLLOWING THE CONTRACT PERIOD

Expense Item	Units	Senior Units Only	Units funded by Co. fds	County Funds Expended
Advanced Personal Care	15 min.			
Advanced Personal Care - RCF/ALF	15 min.			
Authorized Nurse Visits	1 visit			
Authorized Nurse Visits - RCF/ALF	1 visit			
Basic Personal Care - Agency Model	15 min.			
Basic Personal Care - RCF/ALF	15 min.			
Personal Care Assistant - Consumer	15 min.			

**Aged and Disabled Waiver Services**

Adult Day Care	15 min.			
Homemaker]Chore	15 min.			
Home Delivered Meals	15 min.			
Respite - Basic	15 min.			
Respite - Advanced	15 min.			
Respite - Advanced (block)	6-8 hrs.			
Respite-Advanced (daily)	17-24 hrs.			
Respite - Nurse	15mins			
Respite - Basic (block)	9-12 hrs.			

**Independent Living Waiver Services**

Personal Care Assistance	15 min.			
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**Other Services (list and provide associated units and fund**


Total Funds expended: \_\_\_\_\_

Unexpended Camden County Funds as of Dec. 31

Indicate the total number of Camden County seniors served by your agency in this contract year **regardless of funding source.**

Indicate the total number of Camden County seniors served **using Grant funding** by your agency for this grant period.