

Home Care/Hospice

Grant Recipient Name:

Provide total number of Camden County Seniors Utilizing Services (enter number of individual Camden Seniors you provided service to).

Month	2022 Number Served	2021 Number Served
January		
February		
March (email Report)		
April		
May		
June		
July		
August		
September		
October		
November		
December		

Identify the Services you provided breaking down in units of service by each type where Camden County Funds were used to cover the costs or monthly Billing for each client. Rate Utilize Medicaid Fee for Service for HCBS

Service	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Chore services (\$5.02)												
Homemaker (\$5.02)												
Authorized Nurse Visit (44.35)												
Basic Personal Care (\$5.02)												
Advanced Personal Care (\$5.69)												
Other												

Total Grant received:

\$

Enter Funds utilized for each month for Camden Seniors:

Month	Amount used	Amount Remaining
January		
February		
March (email Report)		
April		
May		
June (email Report)		
July		
August		
September		
October		
November		
December		

Instructions:

Complete Quarterly and submit either email or in person at the board meetings on months scheduled. Quarterly Totals are due to board by the 15th of the following month. Example Jan-March is due April 15.

If you have questions, Please contact Stephanie Krehbiel.