



Section 1: Legal Service Provider (LSP) Information			
Reporting LSP Name		Legal Provider County(ies) Served	
Quarterly Reporting Period		Date Submitted to AAA	
LSP Contact Name		LSP Telephone	
LSP Contact E-Mail			
Section 2: Area Agency on Aging (AAA) Information			
Reporting AAA Name		AAA Person Name Validating Report	
PSA/AAA Number	Date Submitted to CDA	AAA Contact Telephone	
AAA Contact E-Mail			
Section 3: Summary Totals for the Quarter			
Total Unduplicated Client Count for Quarter			
Total Cases Closed in Quarter			
Total Units of Service for Quarter (Unit = 1 Hour)			
Section 4: Client Characteristics for Unduplicated Clients in Cases Opened This Quarter			
		Client Sex at Birth	Total
Client Age		Male	
60-64		Female	
65-74		Transgender Female to Male	
75-84		Transgender Male to Female	
85+		Genderqueer/Gender Non-binary	
Client Declined to Provide Information		Not listed, please specify:	
TOTAL (=Unduplicated Client Count for Quarter)		Client Declined to Provide Information	
		TOTAL (=Unduplicated Client Count for Quarter)	
		Client Sexual Orientation or Sexual Identity	Total
Client Gender		Straight/Heterosexual	
Male		Bisexual	
Female		Gay/Lesbian/Same-Gender Loving	
Transgender Female to Male		Questioning/Unsure	
Transgender Male to Female		Not listed, please specify:	
Genderqueer/Gender Non-binary		Client Declined to Provide Information	
Not listed, please specify:		TOTAL (=Unduplicated Client Count for Quarter)	
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Section 4: Client Characteristics for Unduplicated Clients in Cases Opened This Quarter (Cont.)

Other Client Characteristics		Total	Client Race <i>(Each Unduplicated Client is to be reported in only one race category)</i>	Total
Frail/Disabled			Two or More Races	
Homebound			Caucasian	
Lives Alone			African American	
Institutionalized			Native American/Native Alaskan	
Suspected Victim of Elder Abuse/Exploitation			Asian/Pacific Islander <i>(breakdown is to comply with California Government Code 8310.5)</i>	
Limited English			Asian Indian	
Rural			Cambodian	
Greatest Economic Need (Minority)			Chinese	
Greatest Economic Need (Non-Minority)			Filipino	
Greatest Economic Need (Minority Status Unknown)			Japanese	
			Korean	
			Laotian	
			Vietnamese	
			Guamanian	
			Hawaiian	
			Samoan	
			Other Asian/Pacific Islander	
			Race Unknown/Some Other Race	
			Client Declined to Provide Information	
			TOTAL (=Unduplicated Client Count for Quarter)	
Client Ethnicity	Total			
Hispanic/Latino <i>(This is a separate category from Race)</i>				



Section 5: Case Information <i>(Include All Cases Regardless of Whether Clients are Duplicated or Unduplicated)</i>				
Section 5.1 Cases Opened in Quarter <i>(Total Cases Opened by Legal Problem Code)</i>		Section 5.2 Cases Closed in Quarter <i>(Total Cases Closed by Case Closing Code & Legal Problem Code)</i>		
Legal Problem Code	Total	Case Closing Codes – Level of Service <i>(Report only one code per case closed)</i>		
		Counsel and Advice (CA)	Limited Additional Services (LAS)	Legal Representation (LR)
A. Consumer/Finance				
A1. Bankruptcy/Debt Collection				
A2. Contracts/Warranties				
A3. Other Consumer/Finance				
B. Employment				
B1. Discrimination				
B2. Other Employment				
C. Family				
C1. Divorce/Custody/Visitation/Support/ Grandparents Rights				
C2. Conservatorship				
C3. Other Family				
D. Health/Community Based Care				
D1. Medi-Cal/Medicaid				
D2. Medicare				
D3. Other Health/Community Based Care				
E. Housing				
E1. Landlord-Tenant (Subsidized or Private Housing)				
E2. Real Property: Home Loans/Foreclosure/ Reverse Mortgage				
E3. Other Housing				
F. Income Maintenance				
F1. Social Security				
F2. Supplemental Security Income (SSI)				
F3. Pensions/Retire Benefits				
F4. Other Income Maintenance				
G. Individual Rights				
G1. Immigration/Naturalization				
G2. Elder Abuse/Neglect/Exploitation				
G3. Other Individual Rights				



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Section 6.1: Outreach/Community Education Activities Data *(Attach Sheets as Needed)*

Information on Special Outreach Activities

Date	Location (If Applicable)	Type of Outreach Activity	Groups Targeted by Outreach	Est # of People Reached	Est. Hours (Including Prep, Travel, Presenting)
Total # of Special Outreach Activities in the Quarter					
Total Estimated # of Special Outreach Activity Hours in the Quarter					

Section 6.2 Outreach/Community Education Activities Data (Cont.) *(Attach Sheets as Needed)*

Information on Community Legal Education Programs/Activities

Date	Location (If Applicable)	Topic	Targeted Audience	Est # of Partici- pants	Est. Hours (Including Prep, Travel, Presenting)
Total # of Community Legal Education Programs in the Quarter					
Total Estimated # of Community Legal Education Hours in the Quarter					

Section 7: Optional Narratives *(Use Additional Paper if Needed)*

Section 7.1: Optional Success Story(ies)/Case Summary(ies)

Provide brief narrative(s) of notable case(s) and/or achievement(s). Remember to **exclude** any client identifying information.

Section 7.2: Optional Information on Collaboration with Other Advocacy Groups

Briefly describe activities relating to your partnerships, collaboration and networking with other elder rights advocacy groups (e.g., LTC, Ombudsman, HICAP, APS, AAA, or other State organizations).