

**The Area Agency's  
Plan For Aging Services (Area Plan)  
Fiscal Year 2024 - 2027**

**Agency:**

**Mailing Address:**

**Local Telephone:**

**Toll-Free Number:**

**Fax:**

**E-Mail:**

**PSA #:**

**Counties:**

**Cities:**

*First Year of the Area Plan:  
October 1, 2023 through September 30, 2024*  
**Virginia Department for Aging and Rehabilitative Services**

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## SECTION A: AREA PLAN

This Area Plan for Aging Services describes the scope of services to be provided by the Area Agency on Aging with funding from the Department for Aging and Rehabilitative Services. It reflects a planning process based on the basic demographic characteristics of the older population and an assessment of their needs. The Area Agency on Aging submits the Plan to the Virginia Department for Aging and Rehabilitative Services for review and approval.

The Plan describes the management and administration, service systems development, service delivery, and advocacy activities of the Area Agency on Aging during the Plan period. These activities address one or more of the national goals of the Older Americans Act:

- To secure and maintain maximum independence and dignity in a home environment for older individuals capable of self-care with appropriate supportive services.
- To remove individual and social barriers to economic and personal independence for older individuals.
- To provide a continuum of care for the vulnerable elderly.

### PART I: ORGANIZATION OF THE AREA AGENCY ON AGING

An Area Agency on Aging is a public or private nonprofit agency created pursuant to the Older Americans Act, which is designated by contract with the Virginia Department for Aging and Rehabilitative Services to develop and administer the Area Plan, as approved, for a comprehensive and coordinated system of services for older persons.

The Older Americans Act intends that the Area Agency on Aging shall be the leader relative to all aging issues on behalf of older persons in the Planning and Service Area. Accordingly, the Area Agency carries out a wide range of functions designed to lead to the development or enhancement of comprehensive and coordinated community-based systems in, or serving, each community in the Planning and Service Area. The elements of each such system are (1) visible focal points, (2) a range of accessible service options, (3) commitment of resources, (4) collaborative decision-making among older persons and organizations, (5) special help or targeted resources for the most vulnerable, (6) effective referral from agency to agency, and (7) sufficient flexibility to respond to individual needs.

The \_\_\_\_\_ is a

(Complete legal name of the agency)

	local government
	private nonprofit organization incorporated under the laws of Virginia
	joint exercise of powers organized pursuant to <b>§15.2-1300 et seq. of the Code of Virginia</b>
	multipurpose agency

**MISSION/VISION STATEMENT:**

INSERT DESCRIPTION HERE:

**GOVERNING BOARD:**

The Area Agency on Aging is directed “by leaders in the community who have the respect, capacity and authority necessary to convene all interested persons, assess needs, design solutions, track overall success, stimulate change and plan community responses for the present and for the future” [45 CFR 1321.53(10)].

**Chair:** \_\_\_\_\_

Term of Chair                      Begin Date: \_\_\_\_\_

If the Chair served more than one consecutive term, enter the first date.

Term of Appointment              Begin Date: \_\_\_\_\_              End Date: \_\_\_\_\_

**Vice Chair:** \_\_\_\_\_

Term of Vice Chair                      Begin Date: \_\_\_\_\_

Term of Appointment              Begin Date: \_\_\_\_\_              End Date: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_

Term of Treasurer                      Begin Date: \_\_\_\_\_

Term of Appointment              Begin Date: \_\_\_\_\_              End Date: \_\_\_\_\_

**Process used to appoint members:**

INSERT DESCRIPTION HERE:

**Dates of governing board meetings for FY 2024:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GOVERNING BOARD MEMBERSHIP**

Total Board positions on July 1, 2023 (including vacancies): \_\_\_\_\_  
 (If position is unfilled, please list as "VACANT" on the list below.)

	Member	County or City of Residence	Date of Appointment	Type of Appointment*
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				

\* Appointment Type Codes:  
 If more than one, list all that apply.

- 1 = County or City Appointment
- 2 = Board Appointed
- 3 = Advisory Council Representative
- 4 = Other (describe): \_\_\_\_\_

**Standing Board Committees identified in the Bylaws:**

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## BOARD APPOINTED ADVISORY COUNCIL:

The Area Agency on Aging has established a council which carries out advisory functions which further the Area Agency's mission of developing and coordinating community-based systems of services for all older persons in the **Planning and Service Area (45 CFR 1321.57)**.

The Advisory Council shall be made up of more than 50 percent older persons.

### General Membership Characteristics on July 1, 2023:

### Number

Total number Council members (including vacancies)	_____
Members age 60+ (including minority individuals and older individuals residing in rural areas) who are participants or who are eligible to participate in program assisted under the OAA.	_____
Family caregivers of individuals who are eligible participants	_____
Representatives of older persons	_____
Representatives of supportive service providers	_____
Representatives of the business community	_____
Representatives of providers of veterans' health care (if appropriate)	_____
Local elected officials	_____
Representatives of health care provider organization	_____
Individuals with leadership experience in private and voluntary sectors	_____
General public (not including members age 60+ from above)	_____

### Chair Officer:

\_\_\_\_\_

Term of Chair	Begin Date: _____	
Term of Appointment	Begin Date: _____	End Date: _____

### Process used to appoint members:

INSERT DESCRIPTION HERE:
--------------------------

### Dates of Advisory Council meetings for FY 2024:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Bylaws:** Attach a copy of your current bylaws for the Governing Board and Advisory Council.

**ADVISORY COUNCIL MEMBERSHIP**

(If position is unfilled, please list as "VACANT" on the list below.)

	<b>Member</b>	<b>County or City of Residence</b>
1		
2		
3		
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40		





## SUMMARY SOURCES OF FUNDS:

Estimated FY 2024	
State Government Sources	Amount
Dept. for Aging and Rehabilitatives Servcies (OAA and State funding)	
Dept. of Rail and Public Transportation	
Dept. of Medical Assistance Servcies	
Dept. of Social Services	
Dept. of Behavioral Health and Developmental Services	
VA Housing Development Authority Dept. of Education	
Respite Care Initiative	
SNAP Outreach	
Public Guardianship	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Federal Government Sources	
Centers for Medicare and Medicaid Services	
Senior Companion Program	
Foster Grandparents Program	
RSVP	
Veterans Administration	
VICAP	
USDA - SFMNP	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Local Government Sources	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	

Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
<b>Private Sources</b>	
Dominion Energy Senior Cool Care	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
<b>Other Sources</b>	
Contributions/In-Kind	
Charges/Fees	
Investment Earnings	
Other Income	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
Other Specify	
<b>Total Projected Revenues</b>	

OAA Sec. 306 (a) (13) (E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act, (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

## **ORGANIZATIONAL CHART:**

Attach an organizational chart. The chart illustrates the organizational structure of the Area Agency on Aging, including the functional units and their supervisory/reporting relationships. The chart illustrates the location of the Area Agency within a multipurpose organization, if applicable.





## PART II: OBJECTIVES AND STRATEGIES:

### DEMOGRAPHIC PROFILE OF THE PLANNING AND SERVICE AREA

#### PROFILE\* FOR THE PLANNING AND SERVICE AREA

\* See accompanying "2019 ACS AreaPlanDemographics.xlsx" spreadsheet for 2019 data elements.

\*\* See Targeting Definitions for reports that provides 2019 historical information. These reports are helpful in projecting 2024 targeting.

Category	2019 ACS	In-Home Services***					2024 Targeting Objectives **					
	Total Number in 2019	CM	ADC	Chore	HM	PC	Transportation	Information & Assistance	Congregate Meals	HDM	Disease Prevention/ Health Promotion	Title III-E Caregiver
Total Persons Age 60 or Older												
Female												
Male												
Missing												
White only												
Black only												
Native American only												
Asian only												
Native Hawaiian/Pacific Islander only												
Some other race alone or 2 or more races												
Missing												
Hispanic (all races)												
Low Income (Poverty)												
Low Income (Poverty) Minority												
Rural												
Live Alone												

\*\*Targeting Objectives – This table reflects the population to which your agency has and will target services. Targeting should be directed to those people with the greatest economic or social need, with particular attention to members of racial and ethnic minority groups, older individuals with limited English proficiency, and to older individuals residing in rural areas.

Total Projected Persons Served for FY'24 should be the same number as reported on the Area Plan Budget for this service. The Hispanic/Latino, Low-Income/Minority and Rural columns are included in the racial categorization but are not included in the total calculation.

\*\*\*In Home Services: Personal Care (PC), Homemaker (HM), Chore, Adult Day Care/Health (ADC), Case Management (CM)

## **OTHER SIGNIFICANT TRENDS:**

Describe any relevant demographic data or trends in the Planning and Service Area that have implications for this Area Plan. For example, are there significant changes in the racial or ethnic groups, the poverty rate, urbanization of formerly rural areas, limited English proficiency, or risk for institutional placement? Please include the following: How did you utilize/apply your Community Assessment Survey for Older Adults (CASOA) results to determine which services to focus during the next area plan period? How did this impact your budget allocations?

INSERT DESCRIPTION HERE:



## EMERGENCY PREPAREDNESS PLANNING AND RESPONSE

**Sec. 306 (a) (17) of the Older Americans Act** requires area agencies on aging to include information detailing how the area agency on aging will coordinate activities, and develop long-range emergency preparedness plans, with local and State emergency response agencies, relief organizations, local and State governments, and any other institutions that have responsibility for disaster relief service delivery.

INSERT DESCRIPTION HERE:

## No Wrong Door Local Standards

Pursuant to **Section 51.5-135(6) of the Code of Virginia**, the Area Agency on Aging is designated as the Lead Agency in each respective service area for No Wrong Door.

No Wrong Door (NWD) is a federal initiative of the Administration for Community Living existing in all 56 states and territories. The initiative serves older adults, persons with disabilities, veterans, caregivers and their families to locate long term services and supports (LTSS). As No Wrong Door local lead entities, four core standards are required to make a fully functional system: 1) Governance and Administration, Public Outreach and Coordination, Person-Centered Options Counseling, and Streamlined Eligibility. More information regarding these federal standards can be found at: <https://nwd.acl.gov/index.html>

<b>No Wrong Door Chart of Local Standards</b>			
<b>1) Governance and Administration</b>			
	<b>Complete</b>	<b>Incomplete</b>	<b>Describe how goal is/will be met</b>
AAA has an active NWD Advisory Council			
AAA carries out local NWD functions of Person-Centered Options Counseling and Communication, Referral, Information and Assistance			
AAA uses NWD technology (PeerPlace) to share client information with consent across organization(s) and NWD partners			
AAA adheres to privacy and security standards including not sharing any client information with any outside technology systems and/or organizations			

<b>2) Public Outreach and Coordination</b>			
	<b>Complete</b>	<b>Incomplete</b>	<b>Describe how goal is/will be met</b>
AAA conducts local outreach and marketing of NWD to encourage partnerships and promote access to local home and community-based services			
<b>3) Person-Centered Options Counseling</b>			
	<b>Complete</b>	<b>Incomplete</b>	<b>Describe how goal is/will be met</b>
AAA actively implements Person-Centered Options Counseling (PC-OC) to foster a more person-centered NWD system			
AAA managers and key staff understand the philosophy, values and concepts of NWD and person-centered thinking			
AAA adheres to statewide Person-Centered Options Counseling standards and all staff remain up to date on annual training requirements <i>Virginia Statewide Options Counseling Standards and Training Requirements:</i> <a href="https://www.nowrongdoor.virginia.gov/PersonCenteredOptionsCounseling.htm">https://www.nowrongdoor.virginia.gov/PersonCenteredOptionsCounseling.htm</a>			
<b>4) Streamlined Eligibility</b>			
	<b>Complete</b>	<b>Incomplete</b>	<b>Describe how goal is/will be met</b>
AAA utilizes NWD technology and tools, including Virginia Easy Access, PeerPlace, and NWD training platform to foster system alignment and streamline access of clients to long-term services and supports			

**SERVICES TO BE PROVIDED:**

Area Plan Services	Title III B, C, or D	Title III-E Caregiver
<b>X if you provide this service</b>		
<b>Group 1: In-Home Services</b>		
Adult Day Care		
Checking		
Chore		
Homemaker		
Personal Care		
<b>Group 2: Access Services</b>		
Care Coordination		
Care Transitions		
Communication, Referral, Information & Assistance		
Options Counseling		
Transportation		
Assisted Transportation		
<b>Group 3: Legal Assistance</b>		
Legal Assistance		
<b>Group 4: Other Services</b>		
Assistive Technology / DME / PERS		
Consumable Supplies		
Emergency Services		
Title III Employment Service		
Long-Term Care Coordinating Activity		
Medication Management		
Money Management		
Outreach/Public Information & Education		
Residential Repair and Renovation		
Socialization & Recreation		
Volunteer Program		
<b>Group 5: Nutrition Services &amp; Delivery</b>		
Congregate Nutrition		
Home Delivered Nutrition		
Home Delivered Fee For Service <i>(Indicate here if you provided a FFS Program)</i>		
Nutrition Counseling		
Nutrition Education		
<b>Group 6: Disease Prevention / Health Promotion Services</b>		
Disease Prevention / Health Promotion		
CDSME		
Falls Prevention		
Health Education Screening		

<b>Group 7: NFCSP Additional Title III – E Services</b>	
<b>X if you provide this service</b>	
<b>Counseling Services:</b>	
Individual Counseling	
Support Groups	
Caregiver Training	
<b>Respite Voucher:</b>	
Respite Voucher	
<b>Respite Services:</b>	
Institutional Respite	
Other	
<b>Supplemental Services:</b>	
Financial Consultation	
Direct Payments (Defined Supplemental Services)	
Other Supplemental Services	

<b>Group 8: Elder Rights Services</b>	
Elder Abuse Prevention	
<b>Group 9: Ombudsman</b>	
Local LTC Ombudsman Program	

<b>State General Fund Services</b>	
<b>X if you provide this service</b>	
<b>Care Coordination for Elderly Virginians (CCEVP)</b>	
Service Coordination 2	
Service Coordination 1	
SOS (Senior Outreach to Services)	
Options Counseling	
Care Transitions	



## AREA PLAN WAIVERS

Waiver to Provide a Direct Service – The Area Plan shall provide that no supportive services, nutrition services or in-home services will be directly provided by an Area Agency on Aging, unless, in the judgment of the State Agency –

1. provision of such services by the Area Agency on Aging is necessary to assure an adequate supply of such services;
2. such services are directly related to the Area Agency on Aging’s administrative functions; or
3. such services can be provided more economically, and with comparable quality, by the Area Agency on Aging.

If you check YES to this question, then provide documentation that supports your request.

Waiver for an Alternative Cost Sharing/Fee for Service Scale – The OAS sliding Fee Scale for your area is the approved sliding scale for the Older Americans Act and General Fund cost sharing/fee for service programs. If you wish to request a waiver to use an alternative sliding fee scale, you must provide a written description for the basis of the scale and attach a copy. Note: **Older Americans Act of 1965, as amended, Section 315(a)(3)** state, “A state shall not permit cost sharing [fee for service] by a low-income older individual if the income of such individual is at or below the Federal poverty line”.

Waiver for Cost Sharing/Fee for Service for Older Americans Act Programs – **Section 315(a)(6) of the Older Americans Act of 1965, as amended:** “An Area Agency on Aging may request a waiver to the State’s cost sharing policies, and the State shall approve such a waiver if the Area Agency on Aging can adequately demonstrate that –

1. a significant proportion of persons receiving services under this Act subject to cost sharing in the planning and service area have incomes below the threshold established in State policy; or
2. cost sharing would be an unreasonable administrative or financial burden upon the Area Agency on Aging.”

NOTE: The Virginia Department for Aging and Rehabilitative Services can not waive cost sharing/fee for service for General Funds. It is the intent of the Virginia General Assembly that General Funds continue to be spent as part of a cost sharing/fee for service program.

**If you wish to request a waiver for cost sharing/fee for service for Older Americans Act Programs, you must provide a written description for the basis of the scale and attach a copy.**

Area Plan Services X if you are applying for a Waiver	Direct Service Waiver	Cost Sharing/Fee for Services Waiver	Alternative Cost Sharing/Fee for Services Scale Waiver
<b>Group 1: In-Home Services</b>			
Adult Day Care			
Checking			
Chore			
Homemaker			
Personal Care			
<b>Group 2: Access Services</b>			
Care Coordination			
Care Transitions			
Communication, Referral, Information & Assistance			
Options Counseling			
Transportation			
Assisted Transportation			
<b>Group 3: Legal Assistance</b>			
Legal Assistance			
<b>Group 4: Client Services</b>			
Assistive Technology / DME / PERS			
Consumable Supplies			
Emergency Services			
Title III Employment Service			
Long-Term Care Coordinating Activity			
Medication Management			
Money Management			
Outreach/Public Information & Education			
Residential Repair and Renovation			
Socialization & Recreation			
Volunteer Program			
<b>Group 5: Nutrition Services &amp; Delivery</b>			
Congregate Nutrition			
Home Delivered Nutrition			
Home Delivered Fee For Service			
Nutrition Counseling			
Nutrition Education			
<b>Group 6: Disease Prevention/Health Promotion Services</b>			
Disease Prevention / Health Promotion			
CDSME			
Falls Prevention			
Health Education and Screening			
<b>Group 7: Title III-E NFCSP Services</b>			
<b>Counseling Services:</b>			



Individual Counseling			
Support Groups			
Caregiver Training			
<b>Respite Voucher:</b>			
Respite Voucher			
<b>Respite Services:</b>			
Institutional Respite			
Direct Payments (Respite Services)			
Other			
<b>Supplemental Services:</b>			
Financial Consultation			
Direct Payments (Defined Supplemental Services)			
Other Supplemental Services			
<b>Group 8: Elder Rights Services</b>			
Elder Abuse Prevention			
<b>Group 9: Ombudsman</b>			
Local LTC Ombudsman Program			

Provide a description of the justification(s) checked above:

## DEFINITIONS

Explain How the Service is Implemented – This is a **detailed** explanation of what service is being provided and specifically how it is being provided using Older Americans Act Funds. Refer to the Service Standard as needed to develop this explanation. Be sure to include any local variations or aspects of the service that are unique to your agency.

Description of Population to be Served – Describes the population that your agency will provide services to using Older Americans Act Funds, i.e. 60 years or older, frail, rural, at or below poverty level, limited English proficiency, risk for institutional placement, etc. How were they targeted? How is this population targeted in the service implementation above? **Provide an explanation/justification if you are targeting services to a population that is not specifically prioritized in the Older Americans Act. For example, if you are targeting services to persons whose incomes are above the poverty level, provide a justification as to why.**

Service Provider(s) – State who is actually providing the service. Is it the AAA, another provider, or both? Include **all** providers of this service that are paid using Older Americans Act Funds. This includes local DSS, etc.

**Older Americans Act Section 212(a) and (b)** requires DARS to approve all contracts/service agreements with for-profit entities that provides services to individuals. The Area Agency shall submit relevant documents including: the agreement, information on all costs incurred, costs incurred by the recipient, and that the rates are consistent with the prevailing market rate. Check the profit status of each contractor on the individual service pages: FP = For Profit, NFP = Not-For-Profit.

Jurisdiction(s) Served – List all locations where services are provided using Older Americans Act Funds, i.e. cities and/or counties. If you are only providing services to a certain area of your Planning and Service Area please tell us. Make sure service providers line up with jurisdictions being served. If you are providing a service to all jurisdictions, you may state “**ALL**”.

Describe Other Non-Federal Funds – This section describes other non-federal funding sources that are used to provide the service. Identify in the left column the dollar amount that will be used in the service as match. In the right column indicate the funding source, i.e.: local, united way, foundations, grants, etc.



**Service: Checking**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	Are all providers licensed? (If applicable)	Yes	No
		If "NO" list unlicensed providers and explain:		

**Service: Chore**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

<b>Providing III-B Service:</b>	<b>Yes</b>		<b>No</b>	
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**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

<b>Providing III-E Service:</b>	<b>Yes</b>		<b>No</b>	
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<b>D. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>E. Jurisdiction(s) Served:</b>

**F. Describe Other Non-Federal Funds:**

<b>Amount</b>	<b>Description</b>	<b>Are all providers licensed? (If applicable)</b>	<b>Yes</b>	<b>No</b>
		If "NO" list unlicensed providers and explain:		

**Service: Homemaker**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

**Providing III-B Service:**

**Yes**

**No**

**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

**Providing III-E Service:**

**Yes**

**No**

**D. Service Provider(s):**

**FP**

**NFP**

**E. Jurisdiction(s) Served:**

**F. Describe Other Non-Federal Funds:**

**Amount**

**Description**

**Are all providers licensed? (If applicable)**

**Yes**

**No**

If "NO" list unlicensed providers and explain:

**Service: Personal Care**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

**Providing III-B Service:**

**Yes**

**No**

**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

**Providing III-E Service:**

**Yes**

**No**

**D. Service Provider(s):**

**FP**

**NFP**

**E. Jurisdiction(s) Served:**

**F. Describe Other Non-Federal Funds:**

**Amount**

**Description**

**Are all providers licensed? (If applicable)**

**Yes**

**No**

If "NO" list unlicensed providers and explain:

## GROUP 2: ACCESS SERVICES

### Service: Care Coordination (Case Management)

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. This section must be completed for programs funded with Title III. If agency is also utilizing CCEVP funding for programs, those sections must also be completed.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

Providing III-B Service:

Yes

No

**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

Providing III-E Service:

Yes

No

**D. Describe Other Non-Federal Funds:**

Amount

Description

Amount	Description



**Service: Care Transitions**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. List the hospitals and other entities with whom your agency is contracted to provide services.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: CRIA (Communication, Information, Referral and Assistance)**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. List the names of formal partner agencies using CRIA to share electronic referrals.

**B. Description of Population to be Served:** All persons regardless of age, disability or veteran status and their families and caregivers.

<b>Providing III-B Service:</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	
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**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability (OAA Section 373(c)(2)).

<b>Providing III-E Service:</b>	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>	
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**D. Describe Other Non-Federal Funds:**

Amount	Description

**Service: Person-Centered Options Counseling**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-B Population to be Served:** Individuals aged 18 and over with a disability and adults aged 60 and over who request long-term supports and/or who are planning for the future regarding long-term supports.

C. Service Provider(s)	D. Jurisdiction(s) Served:

**G. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: Transportation**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

**Providing III-B Service:**

**Yes**

**No**

**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

**Providing III-E Service:**

**Yes**

**No**

**D. Service Provider(s):**

**FP**

**NFP**

**E. Jurisdiction(s) Served:**

**F. Describe Other Non-Federal Funds:**

**Amount**

**Description**

**Service: Assisted Transportation**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

**Providing III-B Service:**

**Yes**

**No**

**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

**Providing III-E Service:**

**Yes**

**No**

**D. Service Provider(s):**

**FP**

**NFP**

**E. Jurisdiction(s) Served:**

**F. Describe Other Non-Federal Funds:**

**Amount**

**Description**

**GROUP 3: LEGAL ASSISTANCE**

**Service: Legal Assistance**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

<b>C. Service Provider(s):</b> Please check type that applies for each provider (see descriptions below). For definitions, see Legal Assistance Service Standard, Section IV – Types of Legal Assistance Providers.									<b>D. Jurisdiction(s) Served:</b>
Type:	1	2	3	4	5	FP	NFP		

Type 1: AAA contracts with a Legal Aid Program funded by Legal Services Corporation (LSC).  
 Type 2: AAA contracts with a Legal Aid Program not funded by LSC.\*  
 Type 3: AAA has an attorney on staff.\*\*  
 Type 4: AAA contracts with a private attorney.\*\*\*  
 Type 5: AAA contracts with a Law School Clinical Program.\*\*\*\*  
 \* For legal aid programs not funded by LSC, please send a copy of the contract with the Service Provider to LegalAssistanceServices@dars.virginia.gov.  
 \*\* For AAAs with an attorney on staff, please send a copy of the attorney’s job description to  
 \*\*\* For AAAs that contract with a private attorney, please send a copy of the contract with the Service Provider to LegalAssistanceServices@dars.virginia.gov.  
 \*\*\*\* For AAAs that contract with a law school, please send a copy of the contract/agreement to LegalAssistanceServices@dars.virginia.gov .

**E. Describe Other Non-Federal Funds:**

Amount	Description	

## GROUP 4: OTHER SERVICES

Service: Assistive Technology /DME / PERS					
Please indicate how the units are defined:		Devices		Payments	
<p><b>A. Explain How the Service is Implemented:</b> Include such things as: Staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.</p>					
<p><b>B. Description of Population to be Served:</b> Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural areas. (OAA Section 306(a)(1)).</p>					
Providing III-B Service:		Yes		No	
<p><b>C. Description of III-E Population to be Served:</b> Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability (OAA Section 373(c)(2)).</p>					
Providing III-E Service:		Yes		No	
<b>C. Service Provider(s)</b>			<b>D. Jurisdiction(s) Served:</b>		
<b>E. Describe Other Non-Federal Funds:</b>					
<b>Amount</b>		<b>Description</b>			

**Service: Consumable Supplies**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

<b>Providing III-B Service:</b>	<b>Yes</b>		<b>No</b>		
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**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

<b>Providing III-E Service:</b>	<b>Yes</b>		<b>No</b>		
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<b>D. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>E. Jurisdiction(s) Served:</b>
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**F. Describe Other Non-Federal Funds:**

<b>Amount</b>	<b>Description</b>	



**Service: Emergency**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: Employment**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: LTC Coordinating Activities**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: Medication Management**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: Money Management**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: Outreach/Public Information & Education**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

<b>Providing III-B Service:</b>	<b>Yes</b>		<b>No</b>		
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**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

<b>Providing III-E Service:</b>	<b>Yes</b>		<b>No</b>		
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<b>D. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>E. Jurisdiction(s) Served:</b>
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**F. Describe Other Non-Federal Funds:**

<b>Amount</b>	<b>Description</b>	

**Service: Residential Repair & Renovation**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

<b>Providing III-B Service:</b>	<b>Yes</b>		<b>No</b>		
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**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

<b>Providing III-E Service:</b>	<b>Yes</b>		<b>No</b>		
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<b>D. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>E. Jurisdiction(s) Served:</b>

**F. Describe Other Non-Federal Funds:**

<b>Amount</b>	<b>Description</b>

**Service: Socialization & Recreation/Senior Centers**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	



**Service: Volunteer Program**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

## GROUP 5: NUTRITION SERVICES AND DELIVERY

### Service: Congregate Meals

**A. Explain How the Service is Implemented:** How are congregate meals prepared and served (prepared and served at site, frozen/chilled reheated at site, delivered hot from vendor or central kitchen, etc.):

Staffing (volunteer or paid):

Assessments:

Nutrition related referrals, nutrition education and nutrition counseling:

Program evaluation:

If subcontracted, describe the process and frequency of monitoring:

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

Providing III-C Service:

Yes

No

**C. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

Providing III-E Service:

Yes

No

<b>D. Service Provider(s):</b>		<b>FP</b>	<b>NFP</b>	<b>E. Jurisdiction(s) Served:</b>	
<b>Total Number of Congregate Meal Sites:</b>					
<b>F. Describe Other Non-Federal Funds:</b>					
<b>Amount</b>			<b>Description</b>		
<b>Do you employ or contract the services of a Registered Dietitian for your nutrition programs?</b>					
<b>Yes</b>		<b>No</b>		<b>If yes, is the individual a:</b>	
					<b>Full-time Employee</b>
					<b>Part-time Employee</b>
					<b>Contractor/Consultant</b>
<b>Number of hours per week</b>				<b>or number of hours per month</b>	



## Service: Home Delivered Nutrition

### A. Explain How the Service is Implemented:

Type(s) of home delivered meals served (frozen, chilled, shelf stable, or hot):

Staffing (volunteer or paid):

Assessments:

Nutrition related referrals, nutrition education and nutrition counseling:

Program evaluation:

If subcontracted, describe the process and frequency of monitoring:

**A. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

**Providing III-C Service:**

Yes

No

**B. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

**Providing III-E Service:**

Yes

No

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:
E. Describe Other Non-Federal Funds:			
Amount		Description	
Infrequent Delivery of Home Delivered Meals (ID-HDM)			
<p><b>Check the following that apply:</b> A plan for ID-HDM must be approved by OAS before meals are delivered less than weekly to 25% or more of HDM clients served in each jurisdiction. A new or revised plan is needed when there is a change in jurisdiction, frequency of delivery, method of delivery, or delivery vendor:</p>			
	The AAA has an ID-HDM plan approved by OAS on file; there are no changes from the previous year. If this box is checked, the plan is part of this contract.		
	The AAA is submitting a new ID-HDM plan for approval.		

**Service: Home Delivered Meals – Fee For Service**

**A. Explain How the Service is Implemented:** Include such things as:

Type(s) of home delivered meals - fee for service served (frozen, chilled, shelf stable, or hot):

Staffing (volunteer or paid):

Assessments:

Program evaluation:

If subcontracted, describe the process and frequency of monitoring:

**B. Description of III-C Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: Nutrition Counseling**

**A. Explain How the Service is Implemented:** Include such things as:

Promotion of service:

Staff qualifications for overseeing and/or delivering the service:

Assessments:

How the sessions are tracked:

Program evaluation:

If subcontracted, describe the process and frequency:

**B. Description of III-C Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1))**. Include such things as: Scoring system.

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	



**Service: Nutrition Education**

**A. Explain How the Service is Implemented:** Include such things as:

Staff qualifications for overseeing and/or delivering the service:

How often the service is provided for both congregate and home delivered meal participants:

How the annual education plan accommodates older adult learners:

How the sessions are tracked:

Program evaluation:

If subcontracted, describe the process and frequency:

**B. Description of III-C Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

## GROUP 6: DISEASE PREVENTION / HEALTH PROMOTION SERVICE

### Service: Disease Prevention / Health Promotion

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

Services will be evidence-based as defined below:

- Demonstrated through evaluation to be effective for improving the health and wellbeing or reducing disease, disability and/or injury among older adults; *and*
- Proven effective with older adult population, using Experimental or Quasi-Experimental Design; *and*
- Research results published in a peer-review journal; *and*
- Fully translated in one or more community site(s); *and*
- Includes developed dissemination products that are available to the public

**Instructions:** For each evidence-based program (i.e. CDSME, MOB, Bingocize, Tai Chi, C.T.I., etc.), include 1) program name; 2) program description, to include how the program meets each of the 5 bullets in the above definition, or whether the program is considered to be “evidence-based” by any operating division of the U.S. Department of Health and Human Services (HHS); 3) qualifications of the instructors; and 4) other information including who will oversee, locations, tracking of participation, screening and assessment of participants, etc.

**B. Description of III-D Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: Health Education and Screening**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-B Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	





## Service: Caregiver Training

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation.

**B. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

Caregiver		Grandparent/Relative Caregiver	
<b>C. Service Provider(s):</b>	FP	NFP	<b>D. Jurisdiction(s) Served:</b>

**E. Describe Other Non-Federal Funds:**

Amount	Description	Are all providers licensed? (If applicable)	Yes	No
		If "NO" list unlicensed providers and explain:		

**Service: Respite Voucher**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, amount of voucher, program structure (reimbursement, direct payment, etc.) and program evaluation.

**B. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

Caregiver		Grandparent/Relative Caregiver		
C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:	

**E. Describe Other Non-Federal Funds:**

Amount	Description	



**Service: Institutional Respite**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation.

**B. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

Caregiver		Grandparent/Relative Caregiver	
<b>C. Service Provider(s):</b>	FP	NFP	<b>D. Jurisdiction(s) Served:</b>

**E. Describe Other Non-Federal Funds:**

Amount	Description	Are all providers licensed? (If applicable)	Yes	No
		If "NO" list unlicensed providers and explain:		





**Service: Direct Payments (Supplemental Services)**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation.

**B. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

Caregiver		Grandparent/Relative Caregiver	
<b>C. Service Provider(s):</b>	<b>FP</b>	<b>NFP</b>	<b>D. Jurisdiction(s) Served:</b>

**E. Describe Other Non-Federal Funds:**

Amount	Description	Are all providers licensed? (If applicable)	Yes	No
		If "NO" list unlicensed providers and explain:		

**Service: Other Supplemental Services**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. If subcontracted, describe the process and frequency of monitoring.

**B. Description of III-E Population to be Served:** Caregivers who are informal providers of in-home and community care to an individual who is 60 or older or an individual who is less than 60 and has a diagnosis of early onset dementia. Grandparents or relative caregivers (related by blood, marriage, or adoption), 55 or older, who provide informal care to a child not more than 18 or an individual 19-59 who has a severe disability. **(OAA Section 373(c)(2)).**

Caregiver		Grandparent/Relative Caregiver	
<b>C. Service Provider(s):</b>	FP	NFP	<b>D. Jurisdiction(s) Served:</b>

**E. Describe Other Non-Federal Funds:**

Amount	Description	Are all providers licensed? (If applicable)	Yes	No
		If "NO" list unlicensed providers and explain:		

# PART IV: TITLE VII PROGRAMS

## GROUP 8: ELDER RIGHTS SERVICES

### Service: Elder Abuse Prevention

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation.

**Are Elder Abuse Prevention funds used in conjunction with the Local Long-Term Care Ombudsman program?**

Yes

No

If YES, forgo completion of this form. Instead, go to Long Term Care Ombudsman Program.

**B. Description of Population to be Served:** Persons 60 and older with low-income, greatest economic need, greatest social need, risk of institutional placement, with particular attention to low-income, low-income minority, limited English proficiency, and residing in rural or geographically isolated areas. **(OAA Section 306(a)(1)).**

C. Service Provider(s):	FP	NFP	D. Jurisdiction(s) Served:

**E. Describe Other Non-Federal Funds:**

Amount	Description	

## GROUP 9: LONG-TERM CARE OMBUDSMAN PROGRAM

### Service: Local Long-Term Care Ombudsman Program

**A. Explain How the Service is Implemented:**

1. Number of LTC beds:
  
2. Number of staff assigned to the LTCOP:
  
3. % FTE per each staff person assigned:
  
4. Volunteer Recruitment and Management:

**B. Description of Population to be Served:** Description of Population to be Served: Residents of long-term care facilities. (OAA Section 711(6)). Individuals who receive home and community-based long-term care services (*Code of Virginia, § 51.5-182*).

**C. Jurisdiction(s) Served:** Indicate only if serving other areas outside of agency PSA (i.e. regional programs, combined programs etc.)


D. Describe Other Non-Federal Funds:		E. Specify Other Federal Funds	
Amount	Description	Amount	Description
			III-B
			Elder Abuse Prevention
			Other:

## SECTION B: CARE COORDINATION FOR ELDERLY VIRGINIANS PROGRAM

### Service: CCEVP Service Coordination 2

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation.

**Is there cost sharing for this program:**

**Yes**

**No**

**B. Description of Population to be Served:** Persons 60 and older who are frail, have disabilities, or are at risk of institutional placement. Priority shall be given to older persons who are in the greatest economic or social need and/or residing in rural and geographically isolated areas with particular attention to low-income minority individuals or individuals with limited English proficiency. Such persons shall also be unable to maintain independent living and self-sufficiency in their community due to the inability to define, locate, secure, or retain the necessary resources and services of multiple providers on an on-going basis; must be dependent in two (2) or more activities of daily living; and have significant unmet needs that result in substantive limitations in major life activities.

**C. Describe Other Non-Federal Funds:**

Amount	Description	



**Service: CCEVP Service Coordination 1**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation.

**Is there cost sharing for this program:**

**Yes**

**No**

**B. Description of Population to be Served:** Persons 60 and older who are deficient in one (1) Activity of Daily Living and must require either mobility assistance (either human or mechanical) or suffer from a cognitive impairment, such as Alzheimer’s disease or related disorder. Such persons shall also be unable to maintain independent living and self-sufficiency in their community due to the inability to define, locate, secure, or retain the necessary resources and services of multiple providers on an on-going basis.

**C. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: Senior Outreach to Services (SOS)**

**A. Explain How the Service is Implemented:** Include such things as: staffing, outreach, resource file maintenance, assessments, and program evaluation.

**B. Description of Population to be Served:** Persons 60 and older living in the community.

**C. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: CCEVP Options Counseling**

**A. Explain How the Service is Implemented:** Include such things as: staffing, plan development assessments, and program evaluation.

**Is there cost sharing for this program:**

**Yes**

**No**

**B. Description of Population to be Served:** Individuals aged 18 and over with a disability and adults aged 60 and over who request long-term supports and/or who are planning for the future regarding long-term supports.

**C. Describe Other Non-Federal Funds:**

Amount	Description	

**Service: CCEVP Care Transitions**

**A. Explain How the Service is Implemented:** Include such things as: staffing, assessments, and program evaluation. List the hospitals and other entities with whom your agency is contracted to provide services.

**Is there cost sharing for this program:**

**Yes**

**No**

**B. Description of Population to be Served:** Persons 60 and older; frail and with the greatest economic and social need. Persons at greatest risk of readmission to a hospital within 30 days of discharge.

**C. Describe Other Non-Federal Funds:**

Amount	Description	

## SECTION C: INFORMATION ON OTHER SERVICES PROVIDED

<b>Service: Adult Day Care</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>	<b>D. Jurisdiction(s) Served:</b>	
<b>E. All Other Service Funding (not used as match):</b>		
Amount	Description	Specify Source
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

<b>Service: Assisted Living</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>	<b>D. Jurisdiction(s) Served:</b>	
<b>E. All Other Service Funding (not used as match):</b>		
Amount	Description	Specify Source
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: CDSMP/CDSME**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Certified Application Counselors**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Care Transitions**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>	<b>D. Jurisdiction(s) Served:</b>	
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Community Action Agency**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>	<b>D. Jurisdiction(s) Served:</b>	
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: DRPT Transportation**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Emergency Services (other than OAA)**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		



**Service: Falls Prevention**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Foster Grandparents**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Home Repair/Modification (other than OAA)**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: HUD Housing**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Low Income Home Energy Assistance Program (LIHEAP)**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Managed Care Services**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Medical Personal Care**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Medicaid Transportation**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Options Counseling**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: PACE**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Public Guardianship & Conservator Program**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: RSVP**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Senior Community Service Employment Program (Title V)**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Senior Companions**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Senior Cool Care**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: Senior Farmers' Market Nutrition Program**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		



**Service: Senior Medicare Patrol**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: SNAP Benefit Counseling**

<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

**Service: VICAP**

A. Description of the Service:

B. Description of Population to be Served:

C. Service Provider(s):

D. Jurisdiction(s) Served:

E. All Other Service Funding (not used as match):

Amount	Description	Specify Source
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
Target estimated number of persons served:		

**Service: Weatherization**

A. Description of the Service:

B. Description of Population to be Served:

C. Service Provider(s):

D. Jurisdiction(s) Served:

E. All Other Service Funding (not used as match):

Amount	Description	Specify Source
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
Target estimated number of persons served:		

<b>Service: Other (specify)</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

<b>Service: Other (specify)</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

<b>Service: Other (specify)</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

<b>Service: Other (specify)</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

<b>Service: Other (specify)</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

<b>Service: Other (specify)</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

<b>Service: Other (specify)</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		

<b>Service: Other (specify)</b>		
<b>A. Description of the Service:</b>		
<b>B. Description of Population to be Served:</b>		
<b>C. Service Provider(s):</b>		<b>D. Jurisdiction(s) Served:</b>
<b>E. All Other Service Funding (not used as match):</b>		
<b>Amount</b>	<b>Description</b>	<b>Specify Source</b>
	Other: Federal	
	Other: State	
	Other: Local Government	
	Other: Private Funds	
	Other: Grant	
	Other: In-Kind	
<b>Target estimated number of persons served:</b>		