

Appendix D, County And Tribal Matching Grant Reporting Detail FY18-19

****DRAFT - REPORTING REQUIREMENTS ARE SUBJECT TO CHANGE**

Unduplicated persons served LIST ALL PERSONS

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>SSN</u>	<u>DOB</u>	<u>DATE OF SERVICE</u>	<u>SERVICES PROVIDED</u>	<u>DISPOSITION</u>	<u>REFERRALS TO COMMUNITY RESOURCES</u>	<u>DISCHARGE TO COMMUNITY</u>	<u>COMMENTS</u>
For example Smith	pam	111111111	1/8/1962	7/1/2016	Case management Other diagnostic screening Preventative Rehabilitative Chiropractic for children Osteopathic for children	Admitted to MSH Court Ordered to MSH Admitted to 72 hour Admitted to 14 day diversion Admitted to acute hospital Admitted to jail	Primary health service Dental Job training Education services House community BH services CD services	Hotel Home Assisted Living Nursing Care Center Nursing Home Group Home	doesn't like her medication

EXAMPLE ONLY