

**SENIOR COALITION 2011 -2012**

**City of Madison Quarterly Service Report  
Due Dates: 4/15, 7/15, 10/15, 1/15**

Please submit to [ocsservicereports@cityofmadison.com](mailto:ocsservicereports@cityofmadison.com)

Period Covered: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Service A: Case Management**

1. Case Management Census (Dane County, 610 Form) **Annual Service Goal:**

	Beginning Census	+ Openings	- Closings =	Ending census	Service Hours
Jan					
Feb					
March					
Total YTD					

2. Seniors (over 60) Unduplicated YTD in Case Management \_\_\_\_\_  
**Annual Goal: 500 Seniors**

3. Describe CHANGES or TRENDS affecting service or delivery.

4. Comment on COORDINATION EFFORTS with Goodman Community Center.

5. Progress toward meeting Outcome Objectives and Performance Standards

6. Final Report Only - Due 1/15  
Submit completed document: *Outcome Objectives, Performance Standards and Measurement*

*Tools*

**Service B: Focal Point-Based Community Assistance**

1. Information and Assistance Service

	This Quarter	Year to date	Contract Goal
# of Contacts			
Service Hours			
Newsletters published			
Web site hits			
<u>Community Education</u>			
Events	_____	_____	
Program Hours	_____	_____	
Participants	_____	_____	
# of Initiated Meetings with Community Partners			

2. Describe specific OUTREACH EFFORTS to UNDERSERVED populations.

3. Describe any EMERGING TRENDS or IDENTIFIED ISSUES. (Add I & A Tracking Data and/or comments.)

4. Describe recent efforts to BUILD COLLABORATIVE SERVICE NETWORKS OR PARTNERSHIPS.

5. Progress toward meeting Outcome Objectives and Performance Standards

6. Final Report Only - Due 1/15  
 Submit completed document: *Outcome Objectives, Performance Standards and Measurement Tools*.

**Service C: Senior Activities**

Event/Program	Indicate number in each classification			Off site	Program Hours	Participant Count
	Life Engagement	Avoid Disease	Cognitive and Physical			
Totals						

1. Participant count Y-T-D: \_\_\_\_\_ **Annual Goal**
2. Program Hours Y-T-D \_\_\_\_\_ **Annual Goal**
3. Number of Events Y-T-D \_\_\_\_\_ **Annual Goal**
4. Percentage of Offsite events this quarter \_\_\_\_\_%

5. Note Requested PROGRAMS AND/OR ACTIVITIES:

6. Progress toward meeting Outcome Objectives and Performance Standards

7. Final Report Only - Due 1/15  
 Submit completed document: *Outcome Objectives, Performance Standards and Measurement Tools*

**Service D: Cultural Diversity/Latino Senior Activities**

Event/Program	Indicate number in each classification			Off site	Program Hours	Participant Count
	Life Engagement	Avoid Disease	Cognitive and Physical			
<b>Totals</b>						

1. Participant Count Y-T-D: \_\_\_\_\_ **Annual Goal:**
2. Program Hours Y-T-D \_\_\_\_\_ **Annual Goal:**
3. Number of Events Y-T-D \_\_\_\_\_ **Annual Goal:**
4. Percentage of Off site Events This quarter \_\_\_\_\_%

5. Note Requested PROGRAMS AND/OR ACTIVITIES:

6. Progress toward meeting Outcome Objectives and Performance Standards

7. Final Report Only - Due 1/15

Submit completed document: *Outcome Objectives, Performance Standards and Measurement Tools*