



Department of Health & Human Services
Aging and Disability Services Division

CLIENT SERVICE Data Report — CASE MANAGEMENT, CONTACTS, EQUIPMENT DISTRIBUTION & REFERRALS

Grantee/Facility: Deaf Centers of Nevada
(name of facility)

Reporting for Month of: YTD
(month and year)

Location (if Multiple Locations): _____
StateWide
(city and/or other identifying information)

Contact Name: Kevin Carter
(person preparing data)

Contact Phone Number: 702-363-3323 Ext. 103
(number and extension)

INSTRUCTIONS:

Complete a separate sheet for each location, if applicable. Enter data on a separate line for each status, providing a separate count for number of devices and number of individuals served. *Example: A count of 30 devices distributed and 34 activities might represent 30 deliveries of new equipment and 4 service calls for existing equipment.*

Status Category	Status Description	Case Management (Client Served)						Contacts (VP, Phone and Email)			Count of Equipment Distributions Made, Requested, Etc.		Referrals
		DCN		Total	NVHV		Total	VP Calls	Phone Calls	Email	Distribution	Service	
Sub Category	Description	New Client	Returning Clients		New Client	Returning Clients							
1) CASELOAD	Case Management, Contacts, Equipment Distribution, Referrals	210	898	1108	4	61	65	2441	3057	1784	438	101	204
2) IN PROCESS	Eligible, Slot/Funding Available, but Not Yet Served	34	30	64	0	0	0	7282			0	0	0
3) WAITLIST	Eligible, but Awaiting Slot/Funding	88	47	135	0	0	0				0	0	0
4) AWAITING ELIGIBILITY DETERMINATION	Application Complete but Eligibility Not Yet Determined	8	0	8	0	0	0				0	0	0