# Legal Assistance – Monthly Report

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| --- | --- |
| Agency Name:       | Reporting Month:       |
| Subaward Number:       |  |

## Section 1: Cases

|  |  |  |
| --- | --- | --- |
|  | Number of Cases | Number of Cases – Closed |
| Case Type | Opened Cases | Waitlist | Advice | Limited Rep | Representation  | Total Cases |
| Income |       |       |       |       |       |       |
| Healthcare |       |       |       |       |       |       |
| Long Term Care |       |       |       |       |       |       |
| Nutrition |       |       |       |       |       |       |
| Housing |       |       |       |       |       |       |
| Utilities |       |       |       |       |       |       |
| Abuse/Neglect |       |       |       |       |       |       |
| Defense of Guardianship |       |       |       |       |       |       |
| Age Discrimination |       |       |       |       |       |       |
| Other  |       |       |       |       |       |       |

## Section 2: Outreach

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Event | Date | # of Attendees | # of Contacts | Subjects | Location |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

## Section 3: Miscellaneous

### Rejected Cases

|  |  |  |  |
| --- | --- | --- | --- |
| Rejection Reason | # of Contacts | # Referred to Another Provider | Referral Agencies |
| Non OAA Topic |       |       |       |
| Under Age |       |       |       |
| Lack of Resources |       |       |       |
| No Legal Expertise |       |       |       |
| Other  |       |       |       |
| NOTES: |
|       |

## Financial Value of Cases

|  |  |  |  |
| --- | --- | --- | --- |
| # of Closed Cases: |       | Total $ for Month: |       |

## Section 4: Demographics

|  |  |  |  |
| --- | --- | --- | --- |
| Gender | Poverty Status | Ethnicity | Household Status |
| Male |       | At or Below Poverty  |       | Hispanic or Latino |       | Lives Alone |       |
| Female |       | Above Poverty |       | Non-Hispanic or Latino |       | Lives with Others |       |
| Other  |       | N/A |       | N/A |       | Lives in LTC Facility |       |
| Race |
| American Indian or Alaska Native | Asian | Black or African American | Hispanic | Native Hawaiian or Pacific Islander | White | Other | N/A |
|       |       |       |       |       |       |       |       |

## Quarterly ADSD Report

Complete the ADSD Quarterly report provides an opportunity for programs to provide specific narrative and information regarding accomplishments towards the scope of work in the Notice of Subaward. The ADSD Quarterly Report is available [online](https://forms.office.com/Pages/ResponsePage.aspx?id=5kCj5J64aE6OqhVE0nA5gMvWl50ViGpBobkYpeLWlhNUQjFZMzlLR1oyNzBKVTZFS0JPQzdWU0JBTyQlQCN0PWcu).

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| ADSD Quarterly Report Schedule |
| Reporting Period | Due Date | Reporting Period | Due Date |
| July – September | October 15 | January – March | April 15 |
| October – December | January 15 | April – June  | July 15 |