

**ANNEX A  
PROGRAM COMMITMENTS  
INTENSIVE FAMILY SUPPORT SERVICES**

**AGENCY NAME:** \_\_\_\_\_

**CONTRACT NUMBER:** \_\_\_\_\_

**CONTRACT TERM:** \_\_\_\_\_ TO \_\_\_\_\_

**BUDGET MATRIX CODE: 35**

**BUDGET MODIFICATION NO:** \_\_\_\_\_

(0 = Original)

1. Total number of families who will receive intensive support services. \_\_\_\_\_
2. New families who will begin receiving intensive support services. \_\_\_\_\_
3. Total number of on- site face-to-face single family consultation contacts. \_\_\_\_\_
4. Number of off-site face-to-face single family consultation contacts. \_\_\_\_\_
5. Number of collateral contacts made on behalf of families. \_\_\_\_\_
6. Number of multiple family support group sessions provided. \_\_\_\_\_
7. The average unduplicated number of participants in multiple family support groups. \_\_\_\_\_
8. The number of psycho-education sessions provided. \_\_\_\_\_
9. The average unduplicated number of participants at psychoeducational program sessions. \_\_\_\_\_
10. Number of supportive telephone counseling contacts made to family members. \_\_\_\_\_
11. Number of staff face-to-face hours in the provision of in-home respite care provided. \_\_\_\_\_
12. Number of staff face-to-face hours in the provision of out-of-home respite care provided. \_\_\_\_\_
13. The average unduplicated number of families provided with respite care services. \_\_\_\_\_
14. Units of service will be provided. (Sum of lines 3, 4, 5, 6, 8 10, 11 and 12) \_\_\_\_\_