

**QUARTERLY CONTRACT MONITORING REPORT (QCMR)**  
*LEVEL OF SERVICE REPORT*  
**ACUTE CARE FAMILY SUPPORT PROJECT**

|   |                                 |         |         |         |
|---|---------------------------------|---------|---------|---------|
| USTF PROJECT CODE:<br>_____             | REPORTING QUARTER: (CHECK ONE): |         |         |         |
| NAME OF AGENCY:<br>_____                | JULY 1 TO SEPTEMBER 30          |         | 1 _____ |         |
| NAME OF PROGRAM:<br>_____               | OCTOBER 1 TO DECEMBER 30        |         | 2 _____ |         |
| PERSON COMPLETING FORM/PHONE#:<br>_____ | JANUARY 1 TO MARCH 31           |         | 3 _____ |         |
| DATE SUBMITTED:<br>_____                | APRIL 1 TO JUNE 30              |         | 4 _____ |         |
| CHECK AGENCY REPORTING QUARTER:         | 1 _____                         | 2 _____ | 3 _____ | 4 _____ |

1. The number of families served onsite during the quarter. \_\_\_\_\_
2. The number of staff face-to-face contacts with families onsite during the quarter. \_\_\_\_\_
3. The number of families served offsite in conjunction with the screening process during the quarter. \_\_\_\_\_
4. The number of staff face-to-face contacts offsite in conjunction with the screening process during the quarter. \_\_\_\_\_
5. The number of families that received referrals to family support programs and/or mental health programs during the quarter. \_\_\_\_\_
6. The number of referrals made by staff to family support programs and/or mental health programs during the quarter. \_\_\_\_\_
7. The number of families who received follow-up telephone contact during the quarter. \_\_\_\_\_
8. The number of staff follow-up telephone contacts made during the quarter. \_\_\_\_\_
9. The number of families who received follow-up face-to-face contact during the quarter. \_\_\_\_\_

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10. The number of staff follow-up face-to-face contacts completed during the quarter. \_\_\_\_\_

11. Program efforts to improve a recovery-oriented service system response in families in order to promote wellness, an improved quality of life and true community inclusion. Please briefly describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Did the program operate differently than was originally proposed?

\_\_\_\_\_

\_\_\_\_\_

What was the rationale for the change?

\_\_\_\_\_

\_\_\_\_\_

Did the change benefit the program?

\_\_\_\_\_

\_\_\_\_\_

13. Please feel free to provide additional commentary if you believe that there are important issues/topics that are not addressed by the above.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Total Units of Service provided (Sum of lines 2, 4 and 10). \_\_\_\_\_

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**Note:** Units of service will be based on fifteen minute time frames after the first hour. Thus one unit of service will be awarded for the first hour of the contact and an additional unit will be awarded for each fifteen minute time period beyond the first hour for the duration of the contact. No additional units will be awarded for the number of staff conducting the contact or for the number of family members receiving the contact.

5/19/08.