

QUARTERLY CONTRACT MONITORING REPORT (QCMR)
LEVEL OF SERVICE REPORT
SELF HELP CENTERS

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

1. Number of new consumer attendees served: _____
2. Number of unduplicated consumers served: _____
3. Number of duplicated consumers served: _____
4. Number of operational hours during the year: _____
5. Number of operational days during the year: _____
6. Average daily attendance at the center: _____
7. Number of self-help activities provided: _____
8. Number of participants in peer support activities: _____
9. Number of wellness/recovery activities provided: _____
10. Number of participants in wellness/recovery activities: _____
11. Number of training/education activities provided: _____
12. Number of participants in training/education activities: _____
13. Number of advocacy activities: _____
14. Number of community outreach activities: _____
15. Units of Service delivered: _____

(Units of Service = average daily attendance x operational days. Operational days minimum of 4 hours)