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|  | AGING AND LONG-TERM SERVICES ADMINSITRATION (ALTSA)  HOME AND COMMUNITY SERVICES (HCS)  **Nursing Services Activity Report**  **for HCS** | | | REGION | |
| REPORTING PERIOD | |
|  | | | | | |
|  |  | **In-Home** | **Residential** | |  |
| **Clients** | | | |
| Number this month |  |  | |
| YTD |  |  | |
| **Contacts** | | | |
| Number this month |  |  | |
| YTD |  |  | |
|  | | | | | |
| Send report to [Lauren Palm](mailto:PalmL@dshs.wa.gov), Administrative Assistant via email by the 15th of the following month:  [PalmL@dshs.wa.gov](mailto:PalmL@dshs.wa.gov)  Phone (360) 725-2411 | | | | | |