|  |  |  |
| --- | --- | --- |
|  | AGING AND LONG-TERM SERVICES ADMINSITRATION (ALTSA)HOME AND COMMUNITY SERVICES (HCS)**Nursing Services Activity Report****for AAAs** | PSA NUMBER |
| REPORTING PERIOD |
| NAME OF AAA |
|  |
|  | **AAA** | **DDA** | **HCS** |
| **In-Home** | **In-Home** | **Residential** | **In-Home** | **Residential** |
| **Clients** |
| Number per period |  |  |  |  |  |
| YTD |  |  |  |  |  |
| **Contacts** |
| Number per period |  |  |  |  |  |
| YTD |  |  |  |  |  |
| **Hours** |
| Number per period |  |  |  |  |  |
| YTD |  |  |  |  |  |
|  |
| MINUTES | TENTHS |  |
| 1 - 6 | .1 |
| 7 - 12 | .2 |
| 13 - 18 | .3 |
| 19 - 24 | .4 |
| 25 - 30 | .5 |
| 31 - 36 | .6 |
| 37 - 42 | .7 |
| 43 - 48 | .8 |
| 49 - 54 | .9 |
| 55 - 60 | 1.0 hours |
|  |
| Send report to Lauren Palm, Administrative Assistant via email by the 15th of the following month:PalmL@dshs.wa.govPhone (360) 725-2411 |