

Data Aggregation for Senior Companion Program Independent Living Performance Measurement Survey and Senior Performance Measurement Survey

Please fill in the yellow cells.

Grant Number:		Sponsor:
Total Independent Living clients served:		City:
Independent Living clients that received at least minimum "dosage" of service*:		State:
Total caregivers served:		
Caregivers that received at least minimum "dosage" of service*:		

Please indicate how many surveys were completed in each of the following languages.

	Clients	Caregivers
English		
Arabic		
Chinese		
German		
Hindi		
Italian		
Korean		
Polish		
Portuguese		
Russian		
Spanish		
Tagalog		
Vietnamese		

The following items will complete automatically.

	Client	Caregiver
Total Number of Surveys Completed	0	0
Number of individuals... reporting increased social ties/perceived social support	0	0
Percent of individuals reporting increased social ties/perceived social support	#DIV/0!	#DIV/0!

For H9, Report this number

For H14, report this number

Avg (Mean) Hours/Week SC is with Client

Avg (Mean) Hours/Week SC provides Caregiver respite

*"Dosage" refers to the amount of service that client/caregiver should receive, as indicated in your work plan.

nior Companion Respite

OMB Control
Number: 3045-
0152 Expires:
07/31/2016

Response Rate

Client Survey	#DIV/0!
Caregiver Survey	#DIV/0!