

RESPITE PURCHASE OF SERVICE (RPOS) NON-LINKAGES FUNDED			
Quarterly Service Summary		Reporting Period:	
		Report Submission Date:	
PSA Number:	Name of Agency Reporting:		
	Name of Person Reviewing Report:		
		Telephone Number:	
		E-mail Address:	
Number of (unduplicated) New Families Served			
Total Number of Respite Hours Provided		Other Respite Service	# Occurrences
Adult Day Care (ADC) (hours)			
Adult Day Health Care (ADHC) (hours)			
Respite - In Home (hours)			
Respite - Out of Home:			
Skilled Nursing Facility (hours)			
Residential Care Facility (hours)			
Other (hours)			
POS Transportation		(# one-way trips)	
Alzheimer's Day Care Resource Center (ADCRC)		(# days)	