

OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Area Agency on Aging (AAA) Quarterly Report

Fiscal year	Quarter	Months	AAA name	AAA director
This report summ	arizes specific A	AAA activities.		
This report is d later than	ue to the appr 	opriate OKDHS	Aging Services Divis	sion (ASD) programs field representative no
Section I. ASD	staff request for	specific informati	on.	
Section II. AAA	staff informatio	n or concerns perf	inent to the Program M	Monitoring and Policy Development Unit.

Section III. Title III volunteer data for this quarter.

- Unduplicated number of volunteers, except Senior Corps and Ombudsman:
- Unduplicated number of volunteer hours, except Senior Corps and Ombudsman:

Section IV. Refer to the documentation on Form 02AG021E, Area Agency on Aging (AAA) Quarterly Report – A, to complete this section. Please follow the instructions below and complete the table on the next page. List each service identified as significantly above or below its ____ quarter goal.

- Column 1: List service.
- Columns 2 through 3: Place an X in the appropriate column.
- Columns 4 through 5: Place an X showing if the ____ quarter is above or below its projected ____ quarter goal.
- Column 6: Justification for service determined above or below the ____ quarter goal.
- Column 7: Enter action plan for AAA follow-up.

1	2	3	4	5	6	7
Service category	UoS	UPS	+15%	-15%	Justification, be specific	Follow-up by AAA, be specific