|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | 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](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 | | | | | | | | |