

**KANSAS DEPARTMENT FOR AGING AND DISABILITY SERVICES
LEGAL SERVICES REPORTING FORM**

Report Period: **October - March (Semi-Annual)** **October - September (Annual)**

PSA # _____

| |
|--|
| Provider Name and Address: _____ _____ _____ _____ |
|--|

| CHARACTERISTICS OF PERSONS SERVED: | | | | | |
|---|--|-----------------------------|--|--------------------------|--|
| No. of Males: | | No. of Females: | | Total Served: | |
| No. Age 60-74: | | No. Age 75 and older: | | | |
| Low-income non-minority: | | Low-income minority: | | Total low-income: | |
| Frail or disabled non-minority: | | Frail or disabled minority: | | Total frail or disabled: | |

| | | | | |
|-------------------|---------------------|--|-------------------------|--|
| ETHNICITY: | Hispanic or Latino: | | Non-Hispanic or Latino: | |
|-------------------|---------------------|--|-------------------------|--|

| | | | | |
|------------------------------------|---------------------|--|-----------------|--|
| RACE: | White/Non-Hispanic: | | White/Hispanic: | |
| American Indian or Alaska Native: | | Asian: | | |
| Black or African American: | | Native Hawaiian or Other Pacific Islander: | | |
| Persons Reporting Some Other Race: | | Persons Reporting 2 or More Races: | | |

| EFFECTS OF CLIENT REPRESENTATION: | |
|---|----|
| One-time payments of monetary benefits to Client, including: Public Benefit, Waiver Overpayments, Tax Refunds, Court Judgments, Collections | \$ |
| Monthly monetary benefit payments to client, including: Public Benefits, SS, SSI, Retirement or Alimony | \$ |
| Planning for incapacity: | |
| Protected/Educated Community Spouses-Division of Assets: | |
| Protection from Abuse/Neglect/Exploitation: | |
| Secured Public Benefits Other Than Money: | |

CASE SERVICE REPORT (Asterisk (*) denotes Priority Category)

| Case Type | Advised | Opened | Closed | Case Hours |
|---|---------|--------|--------|------------|
| A. Protective Services | | | | |
| 1. Financial Power of Attorney | | | | |
| 2. Advance Directives (Living Wills, DPOA for Health | | | | |
| *3. Guardianship/Conservatorship | | | | |
| *4. Abuse and Neglect | | | | |
| *5. Financial Exploitation | | | | |
| Total Protective Services (Optional) | | | | |
| | | | | |
| B. Income | | | | |
| *1. Social Security Disability | | | | |
| *2. Social Security Retirement | | | | |
| 3. Railroad Retirement | | | | |
| 4. Unemployment Compensation | | | | |
| 5. Private Pension | | | | |
| 6. Tax Refunds | | | | |
| 7. Workers' Compensation | | | | |
| 8. Veterans' Benefits | | | | |
| *9. Division of Assets | | | | |
| Total Income (Optional) | | | | |
| | | | | |
| C. Public Benefits | | | | |
| *1. Supplemental Security Income | | | | |
| *2. Supplemental Nutrition Assistance Program (SNAP, f/k/a Food Stamps) | | | | |
| *3. Nutrition Programs | | | | |
| 4. Temporary Assistance to Families (TAF) | | | | |
| *5. Energy Assistance | | | | |
| *6. General Assistance | | | | |
| Total Public Benefits (Optional) | | | | |
| | | | | |
| D. Health Care | | | | |
| 1. Private Medical Insurance/COBRA | | | | |
| *2. Medicare | | | | |
| *3. Medicaid/Medikan | | | | |
| 4. Long Term Care Insurance | | | | |
| 5. Collections | | | | |
| *6. Long Term Care Access | | | | |
| *7. Home and Community Based Services for the Frail Elderly (HCBS/FE) | | | | |
| Total Health Care (Optional) | | | | |

| Case Type | Advised | Opened | Closed | Case Hours |
|--|---------|--------|--------|------------|
| E. Housing/Real Estate | | | | |
| *1. Federal Subsidized Housing | | | | |
| 2. Home Ownership | | | | |
| 3. Landlord/Tenant | | | | |
| 4. Property Tax | | | | |
| 5. Mortgage Contract | | | | |
| 6. Other Property Ownership | | | | |
| Total Housing/Real Estate (Optional) | | | | |
| | | | | |
| F. Consumer/Financial | | | | |
| 1. Life Care Contracts | | | | |
| *2. Utilities | | | | |
| 3. Financial/Tax Counseling | | | | |
| 4. Collections (non-health) | | | | |
| *5. Consumer Complaints | | | | |
| 6. Insurance (non-health) | | | | |
| 7. Bankruptcy | | | | |
| 8. Funerals | | | | |
| Total Consumer/Financial (Optional) | | | | |
| | | | | |
| G. Individual Rights | | | | |
| *1. Americans with Disabilities Act (ADA)/Disability | | | | |
| *2. Discrimination, including age | | | | |
| 3. Immigration/Naturalization | | | | |
| *4. Resident's/Patient's Rights | | | | |
| 5. Crime Victims | | | | |
| 6. Grandparent Rights | | | | |
| Total Individual Rights (Optional) | | | | |
| | | | | |
| H. Miscellaneous | | | | |
| 1. Divorce/Separation | | | | |
| 2. Custody/Adoption | | | | |
| 3. Will/Estate Planning | | | | |
| 4. Probate of Estate | | | | |
| 5. Employment | | | | |
| 6. Traffic | | | | |
| 7. Tort Claims | | | | |
| 8. Other, Specify | | | | |
| Total Miscellaneous (Optional) | | | | |
| | | | | |
| GRAND TOTAL | | | | |

GREATEST NEEDS

| Race | 60-74 | 75+ | Male | Female | Totals | Home-bound; Long-Term Care Setting |
|---|-------|-----|------|--------|--------|--|
| Both Greatest Economic Need (GEN) and Greatest Social Need (GSN) | | | | | | |
| White/Non-Hispanic | | | | | | |
| White/Hispanic | | | | | | |
| American Indian/Alaska Native | | | | | | |
| Asian | | | | | | |
| Black/African American | | | | | | |
| Native Hawaiian/Other Pacific Islander | | | | | | |
| Persons Reporting Some Other Race | | | | | | |
| Persons Reporting 2 or More Races | | | | | | |
| | | | | | | |
| Total Cases for both GEN/GSN | | | | | | |
| | | | | | | |
| Greatest Economic Need (GEN) | | | | | | |
| White/Non-Hispanic | | | | | | |
| White/Hispanic | | | | | | |
| American Indian/Alaska Native | | | | | | |
| Asian | | | | | | |
| Black/African American | | | | | | |
| Native Hawaiian/Other Pacific Islander | | | | | | |
| Persons Reporting Some Other Race | | | | | | |
| Persons Reporting 2 or More Races | | | | | | |
| | | | | | | |
| Total Cases for GEN | | | | | | |
| | | | | | | |
| Greatest Social Need (GSN) | | | | | | |
| White/Non-Hispanic | | | | | | |
| White/Hispanic | | | | | | |
| American Indian/Alaska Native | | | | | | |
| Asian | | | | | | |
| Black/African American | | | | | | |
| Native Hawaiian/Other Pacific Islander | | | | | | |
| Persons Reporting Some Other Race | | | | | | |
| Persons Reporting 2 or More Races | | | | | | |
| | | | | | | |
| Total Cases for GSN | | | | | | |

LEGAL SERVICES TRAINING AND DEVELOPMENT

A. Community Education Events: Number: _____ Hours: _____
Description of Program (topic, date, attendance, presenter and location)

B. Outreach by Legal Service Staff: Number: _____ Hours: _____
Description of Activities

C. Conferences, Seminars and Workshops attended by Legal Service Staff

D. Legal Service Provider Staffing Changes

Send completed form to KDOA within 20 days after the end of the reporting period.

I affirm that all information contained in this report is complete and accurate to the best of my knowledge.

Authorized Signature

Printed Name

Title

Date

INSTRUCTIONS
LEGAL SERVICES REPORTING FORM
SS-028 (10/11/11)

These are semi-annual and annual reports due to KDADS no later than the 20th day of the month following the last day of each report period.

| REPORT PERIOD | REPORT DUE AT KDOA |
|---------------------------|--------------------|
| October 1 to March 31 | April 20 |
| October 1 to September 30 | October 20 |

Provider: Enter the name and address of the service provider. **Report Period:** (See Report Period above)

PSA #: Enter the PSA # you have contracted with to provide Legal Services.

CHARACTERISTICS OF PERSONS SERVED:

Report only the year-to-date figures. Use unduplicated count for each category.

a. *Female:* number of female participants;
Male: number of male participants; and
Total Participants Served.

b. *60-74:* number of participants served in this age group;
75 and older: number of participants served in this age group.
Note: Totals in age groups must equal Total Served.

c. *Low-Income Non-Minority:* Enter the unduplicated number of low-income participants who are White-Non/Hispanic.

Low-Income Minority: Enter the unduplicated number of low-income participants who are one of the following racial-ethnic categories: White/Hispanic; American Indian/Alaskan Native; Asian; Black/African American; Native Hawaiian/Other Pacific Islander; Participants Reporting Some Other Race; or Persons Reporting Two or More Races.

Total Low-Income Participants: Enter the total number of participants who are low-income.

d. (*Frail/Disabled: Persons having a physical or mental disability, including Alzheimer's disease or a neurological or organic brain disorder, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of an individual to live independently.*)

Non-Minority Frail/Disabled: Enter the number of participants who are frail and/or disabled and White/Non-Hispanic.

Minority Frail/Disabled: Enter the number of participants who are frail and/or disabled and are in one of the racial-ethnic categories listed in (c).

Total Participants in the Frail/Disabled Category: Enter the total number of Frail/Disabled participants.

EFFECTS OF CLIENT REPRESENTATION

Report only the year-to-date figures. Use unduplicated count for each category.

1. **One Time Payment:** Enter the sum of monetary benefits provided to clients as one-time payments received as a result of provider's legal representation.
2. **Monthly Benefit:** Enter the sum of monetary benefits provided to clients as monthly benefits received as a result of provider's legal representation.
3. **Planning for Incapacity:** Enter the number of clients who were provided with legal services to do advance planning for incapacity, such as durable powers of attorney, living wills, or durable powers of attorney for health care decisions.
4. **Protected/Educated Community Spouses-Division of Assets:** Enter the number of clients who were provided legal services related to division of assets or representation through the administrative process.
5. **Protection from Abuse/Neglect/Exploitation:** Enter the number of clients who were provided legal services related to abuse, neglect, or exploitation.
6. **Secured Public Benefits Other Than Money:** Enter the number of clients who received legal services that resulted in the client receiving public benefits other than money, such as Home and Community Based Services, Homemaker or other in-home services.

CASE SERVICE REPORT

The *Major Service Categories* are: A) Protective Services; B) Income; C) Public Benefits; D) Health Care; E) Housing/Real Estate; F) Consumer/Financial; G) Individual Rights; and H) Miscellaneous. The Case Types are listed as sub-categories under the Major Service Categories.

◆ For each Major Service Categories (A, B, C, D, E, F, G, & H) list the totals from each of the Case Type categories for Advised, Opened, Closed and Case Hours.

◆ For each Case Type list the total number of cases: Advised, Opened, and Closed.

COUNTY CASE SUMMARY

County: List the County and the number of cases you Advised, Opened or Closed.

Case Hours: Enter the case hours provided in each county listed.

Visits: Enter the number of times you traveled to each county listed to see a client, present a program or perform outreach.

GREATEST ECONOMIC NEEDS OR GREATEST SOCIAL NEEDS, OR BOTH

1. List the number of cases with **both** the Greatest Economic Need (GEN) and the Greatest Social Need (GSN) in each of the following categories: 60-74, 75+; male, female; and total cases. Combine homebound or in long-term care setting.
2. List the number of cases for **only** the Greatest Economic Need in each of the following categories: 60-74, 75+; male, female; and total cases. Combine homebound and long-term care setting.
3. List the number of cases for **only** the Greatest Social Need in each of the following categories: 60-74, 75+; male, female; and total cases. Combine homebound and long-term care setting.

LEGAL SERVICES TRAINING AND DEVELOPMENT

(List information for the current reporting period.)

A. *Community Education:* Enter the number of community education presentations given by legal service staff on a specific legal topic and the number of hours spent providing community education.

Description of program: List the topic, date, location, attendance, and presenter for each program.

B. *Outreach:* Enter the number of outreach efforts, including place, type, and date.

Outreach (one contact) - Interventions initiated by an agency or organization for the purpose of identifying potential customers (or their caregivers) and encouraging their use of existing services and benefits.

C. *Training Conferences, Seminars, and Workshops Attended by Attorneys for CLEs:* List the training programs by date, topic, and place.

D. *Staff Changes:* List staff changes for this reporting period.

Report must include an authorized signature, title, date, and printed name of the authorized signatory.