

CALIFORNIA DEPARTMENT OF AGING
California Legal Services (Title III B) Report

ANNUAL VERIFICATION FORM

State Fiscal Year (SFY) _____

To: AAA Director, PSA # _____ Date Sent: _____ Verification Due Date: _____

INSTRUCTIONS: Please provide appropriate Area Agency on Aging (AAA) staff with a copy.

The California Department of Aging (CDA) uses this form to verify data submitted by the AAA CDA. Please review, verify and correct (if necessary) the CDA 1022 report.

Note: There is no need to submit separate verification for the National Aging Program Information System (NAPIS) State Program Report (SPR) for Title III services. Once the NAPIS SPR is approved in the California Aging Reporting System (CARS), it is considered verified.

- Initial "**Verified**" if the reports are correct as sent and **fax this form** to the Department at **916-928-2509** or by e-mail to DataTeam.Reports@aging.ca.gov. It is not necessary to fax a copy of the reports, only this form. Electronic initials are acceptable.
- OR**
- Initial "**Corrected**" if the data is incorrect or incomplete. **Resubmit corrected reports electronically** by e-mail to DataTeam.Reports@aging.ca.gov.

ORIGINAL REPORT FOR: CALIFORNIA LEGAL SERVICES (Title III B)

CDA 1022 – Annual Service Unit Total /Client Profile Verified _____ Corrected _____

If you have any questions regarding these reports, please call (916) 928-2295,
fax your questions to (916) 928-2509, or e-mail them to DataTeam.Reports@aging.ca.gov.