



STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING
ADRC Quarterly Data Collection and Reporting Form
CDA 7029 (NEW July 2021)

ADRC Partnership Name	
------------------------------	--

Name of each reporting ADRC Core Partner (list names below):

Name of each reporting ADRC Extended Partner (list names below):



STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF AGING

ADRC Quarterly Data Collection and Reporting Form
CDA 7029 (NEW July 2021)

Fiscal Year	2021 - 2022
Reporting Period	

Section A. Consumer Demographics

Consumer Age	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
0-13 Years								
14-24 Years								
25-59 Years								
60 Years and Older								
65 Years and Older								
Declined to State or Missing								

Consumer Race and Ethnicity	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
American Indian or Alaska Native								
Asian								
Black or African American								
Pacific Islander								
White								
Hispanic/Latino								
Other Race								
Multiple Race								
Declined to State or Missing								

Consumer Gender Identity	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Female								
Male								
Transgender Female to Male								
Transgender Male to Female								
Genderqueer/Gender Non-Binary								

Consumer Gender Identity	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Declined to State or Missing								

Consumer Sex at Birth	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Female								
Male								
Declined to State or Missing								

Consumer Sexual Orientation or Sexual Identity	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Straight/Heterosexual								
Bisexual								
Gay/Lesbian/Same-Gender Loving								
Questioning/Unsure								
Declined to State or Missing								

Characteristics of Consumers	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Homeless								
Veteran								
With a Disability								
Live Alone								
SSI Beneficiary								
Low Income								
Medicaid/Medi-Cal Beneficiary								
Dementia/Alzheimer's Diagnosis								
CalFresh Beneficiary								
Caregiver								
Food Insecure								
Victim of Abuse								
Risk for Institutionalization								
In-Home Supportive Services Recipient								
Other – Please Specify:								
Other – Please Specify:								
Other – Please Specify:								

Section B. Service Functions

Enhanced Information and Referral Services	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Total Calls Received								
Total Completed Initial Intakes and Assessments								
Total Warm Transfers								
Total Service Referrals Offered								
Total Follow-Up Calls Made								

Options Counseling	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Total Individuals Identified as a Candidate for Options Counseling								
Total Warm Transfers and Referrals for Options Counseling								
Total Interviews and Assessments Completed								
Total Action Plans Developed								

Options Counseling	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Total Action Plans Completed								
Total Goals Developed								
Total Goals Completed								
Total Follow-Up Calls Completed by ADRC								

Short-Term Service Coordination	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Total Individuals Identified as a Candidate for Short-Term Service Coordination								
Total Warm Transfers and Referrals to Short-Term Service Coordination								
Total Plans Developed								
Total Plans Completed								
Total Actions Developed								

Short-Term Service Coordination	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Total Actions Completed								
Total Follow-Up Calls Completed by Service Coordinator								

Transition Services	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Total Individuals Identified as a Candidate for Transition Services								
Total Warm Transfers and Referrals to Transition Services								
Total Service Plans Developed								
Total Service Plans Completed								
Total Actions Developed								
Total Actions Completed								
Total Follow-Up Calls/Home Visits Completed by Service Coordinator								

Transition Services	Core Partner AAA	AAA Do Not Collect	Core Partner ILC	ILC Do Not Collect	Other Core Partner	Other Core Partner Do Not Collect	Extended Partners	Extended Partners Do Not Collect
Transition Services Completed from Nursing Facility								
Transition Services Completed from Intermediate Care Facilities for Individuals w/ Intellectual Disabilities								
Transition Services Completed from Hospitals								
Transition Services Completed from Other Institutional Settings								

Section C. Outreach/Enrollment Activities

Types of Activities	1a) Number of Outreach and Presentation Activities	1b) Number of Outreach and Presentation Contacts	2a) Number of Application/ Enrollment Activities	2b) Number of Application Enrollment Contacts
MIPPA				
CalFresh				
ADRC/LTSS				
Assistive Technology				
Housing				
Veterans				
SSI				
Medi-Cal				
Emergency Preparedness, Response and Recovery				
Other – Please Specify:				
Other – Please Specify:				
Other – Please Specify:				

Section D. Partnership Development, Training and Organizational Information
(Information to be provided during the 6-month and 12-month reporting period reports only)

1. How many unduplicated partner organizations are part of your ADRC?

1.a. From the number of unduplicated partner organizations, please list the type of partners in the space below:

2. Please list the ADRC related trainings and what organizations delivered the trainings during this reporting period for your ADRC partnership (i.e., Person-Centered Practices, Options Counseling, AIRS Training, etc.).

2.a. How many partner organizations attended each of the trainings in question 2?

3. What are the threshold languages spoken by staff in your ADRC network?

4. What are the threshold languages spoken by consumers in the area?

5. What are the threshold languages where a language service was used within your ADRC network?

6. What marketing and outreach activities is your ADRC doing? (e.g., handing out flyers, brochures, etc.)

Section F. Success Story or Program Highlight
(Information to be provided during the 6-month and 12-month reporting period reports only)

Please share a participant success story for the reporting period to show the value of the ADRC system and/or highlight a new connection or partnership within your ADRC.

Section G. Biggest Barriers

(Information to be provided during the 6-month and 12-month reporting period reports only)

1. Please share the biggest barriers in providing services or connecting people to services in your area.

2. Please list unmet needs or service gaps identified in your ADRC service area.

3. Please list obstacles that prevented individuals to transfer from a facility to a home setting.

Section H. Core Partner Signatures

I understand that this is an electronic signature, I certify that all provided information is believed to be accurate, reliable, and complete to the best of my knowledge and have the ability to confirm it.

Full Name	Title	Date Sent to CDA
Full Name	Title	Date Sent to CDA
Full Name	Title	Date Sent to CDA

For questions or accessibility assistance with this document, please contact ADRC@aging.ca.gov.