**FY24 Grant Pregnant and Parenting Women SUD Services**

***Quarterly Report Checklist & Transmittal Coversheet***

**To:** DOH Finance & Management Services, Grants & Contracts Section

**Attention Grant Administrator**: Click or tap here to enter text.

**Organization**: Click or tap here to enter text.

**Grant Number**: Click or tap here to enter text.

**Form Submitted by**: Click or tap here to enter text.

**Date Submitted**: Click or tap to enter a date.

Quarter (choose one): Choose an item.

*The checklist below will help you ensure your organizations quarterly report submittals contain all the necessary reports and appropriate documentation. Upload this completed checklist and required documentation listed below as a single pdf into GEMS. Once you have uploaded this documentation you will be able to complete your CFR.*

[ ]  Pregnant and Parenting Women SUD Services Quarterly Report

[ ]  A Cumulative Financial Report (CFR) for the quarter.

[ ]  Community Action Plan Meeting Minutes that have occurred during this quarter. (These are not to be submitted via GEMS. They should be submitted directly to the Program Manager by the provider delegated by the CAP group.)

[ ]  AKAIMS Quarterly Summary

**Complete the following questions:**

*\* Children are defined as age 16 and younger.*

Number of pregnant/parenting women (PG/PW) receiving case management services.

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD: Click or tap here to enter text.

Number of PG/PW receiving case management services who entered SUD treatment.

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD: Click or tap here to enter text.

Number of PG/PW who successfully completed SUD treatment.

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD: Click or tap here to enter text.

Number of \*children impacted by their mother’s involvement in these services.

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD: Click or tap here to enter text.

Average number of days from first contact to beginning of case management services.

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD: Click or tap here to enter text.

Please describe case management services provided by your organization during the quarter (transportation, mental health, housing, education, voc/ed, legal services, etc.):

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

Please describe outreach activities that occurred this quarter to:

(a) encourage PG/PW in need of substance use disorder treatment to undergo treatment, and

(b) educate primary care and social service providers about your services for PG/PW:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD: Click or tap here to enter text.

Please describe any challenges and barriers to the provision of these service during this quarter:

Q1: Click or tap here to enter text.

Q2: Click or tap here to enter text.

Q3: Click or tap here to enter text.

Q4: Click or tap here to enter text.

YTD: Click or tap here to enter text.

Please submit your AKAIMS Quarterly Summary and explain any discrepancies between the data contained in it and the numbers cited in this report. Click or tap here to enter text.