**FY24 Treatment and Recovery Grant**

**Residential Care for Children & Youth**

***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:** 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.

A Cumulative Financial Report (CFR) for the quarter.

Quarterly Program Report (organizations format)

Narrative Report- Can be combined with Quarterly program report.

**Quarterly Reports**

RBRS providers are required to turn in the following reports quarterly on forms provided by the department for submission of this information to the division, and in GEMS.

**Program Narrative reporting program general status:** Click or tap here to enter text.

**Fiscal Report reporting use of Core Funds:** Click or tap here to enter text.

**Data Reports**

Total number of children/youth referred, accepted, and denied admission. Comments: Click or tap here to enter text.

\*If referral refused, DSM IV, GAF, IQ clinical rational for denial). Comments: Click or tap here to enter text.

Total discharged after completing treatment. Comments: Click or tap here to enter text.

Total discharged without completing treatment. Comments: Click or tap here to enter text.

Monthly attendance sheet(s). Comments: Click or tap here to enter text.

Number of ISA requests, ISA requests approved/ denied and number of youth maintaining placement due to ISA support. Comments: Click or tap here to enter text.

**Individual Child/Youth Reports for any Child/Youth in Care During the Quarter**

Length of stay in treatment. Comments: Click or tap here to enter text.

Level of Care. Comments: Click or tap here to enter text.

Discharge placement identified (indicate if child/youth is in state custody) . Comments: Click or tap here to enter text.

Diagnosis at client discharge. Comments: Click or tap here to enter text.

Significant progress toward individual treatment goals. Comments: Click or tap here to enter text.

Average length of time from referral to admission into program. Comments: Click or tap here to enter text.

**Staff Reporting Criteria**

Staff training provided since last report. Comments: Click or tap here to enter text.

Report of any noncompliance with staff training requirements. Comments: Click or tap here to enter text.

**Any Program Evaluation Results**: Click or tap here to enter text.