

Quarterly Report : With Reference to the Funding Provided for a Salary

Please tick to which quarter this report is applicable ?

First

Second

Third

Fourth

Give Dates

Total number of individuals who have received this funded service _____

Number of males _____

Number of females _____

Ages of users of funded service

16 and under _____

17 - 25 _____

26 - 50 _____

51 - 65 _____

66 plus _____

Locations of individuals benefitting from funded service: Cheltenham _____

Cotswold _____

Forest of Dean _____

Gloucester _____

Stroud _____

How many of these individuals live :

Independently _____

With family _____

Residential _____

Nursing Home _____

Other _____

If other please specify

How many referrals did you receive this quarter? _____

Where did the referrals come from? _____

Number of individuals who ended the funded service this quarter _____

Reasons :

Did you receive any complaints this quarter ? _____

If so, what was their nature and what action was taken?

Total number of hours used to provide funded service this quarter _____

Were there any absences of service funded provider this quarter? _____

Reasons :