

# RESOURCE REPORT

OMB No. 0938-0850

Complete Only One RR Form for the Entire State. Do Not Submit Sponsoring-Agency-Level or Within-State-Regional Resource Reports.  
 All Person Counts Should Reflect Active Counselors, Coordinators, Other Staff as of the End of Each Grant Year (31 March).  
 The Unique Count of Counselors Attending Any Update Training During the Grant Year Cannot Exceed the Grand Total Number of Counselors.

<b>12 Month Period for This Report:</b>	<b>County/Agency:</b>
From: 4/1/13      To: 3/31/14	

Person Completing Report	Title	Telephone Number
		(    )                      -

Section 1	State Office	All Other Local and Field Sites	Total	Section 2	Total
Number of Active Counselors And Hours As of 31 March				Number of Local Coordinators / Sponsors and Hours As of 31 March	
A. Number of Volunteer Counselors				A. Number of Volunteer (Unpaid) Coordinators	
B. Number of SHIP-Paid Counselors				B. Number of SHIP-Paid Coordinators	
C. Number of In-Kind-Paid Counselors				C. Number of In-Kind-Paid Coordinators	
Total Number of Counselors - A+B+C				Total Number of Coordinators - A+B+C	
D. Volunteer Counselor Hours				D. Volunteer (Unpaid) Coordinator Hours	
E. SHIP-Paid Counselor Hours				E. SHIP-Paid Coordinator Hours	
F. In-Kind-Paid Counselor Hours				F. In-Kind-Paid Coordinator Hours	
Total Counselor Hours - D+E+F				Total Coordinator Hours - D+E+F	

Section 3	State Office	All Other Local and Field Sites	Total	Section 4 - Counselor Trainings	Total
Number of Other Paid and Volunteer Staff And Hours As of 31 March				Number of <b>Initial</b> Trainings for New SHIP Counselors	
A. Number of Volunteer Other Staff				A. Number of New SHIP Counselors Attending <b>Initial</b> Trainings	
B. Number of SHIP-Paid Other Staff				C. Total Number of Counselor Hours in <b>Initial</b> Trainings	
C. Number of In-Kind-Paid Other Staff				D. Number of <b>Update</b> Trainings for SHIP Counselors	
Total Number of Other Staff - A+B+C				E. Number of SHIP Counselors Attending <b>Update</b> Trainings	
D. Volunteer Other Staff Hours				F. Total Number of Counselor Hours in <b>Update</b> Trainings	
E. SHIP-Paid Other Staff Hours				Note Item E should represent the number (unduplicated) of counselors who attended at least one update training during the full 12 month period.	
F. In-Kind-Paid Other Staff Hours				Please do not count a counselor more than once, even if he/she attended multiple update trainings. Cannot exceed grand total number of counselors.	
Total Other Staff Hours - D+E+F					

**Section 5 - Number of Total Active Counselors (SHIP-Paid, In-Kind-Paid, and Volunteer Counselors) with the Following Characteristics**

Years of SHIP Service	
1	Less Than 1 Year
2	1 Year Up to 3 Years
3	3 Years Up to 5 Years
4	More Than 5 Years
9	Not Collected

Counselor Age	
1	Less Than 65 Years of Age
2	65 Years or Older
9	Not Collected

Counselor Gender	
1	Female
2	Male
9	Not Collected

Counselor Race - Ethnicity	
1	Hispanic, Latino, or Spanish Origin
2	White, Non-Hispanic
3	Black, African American
4	American Indian or Alaska Native
5	Asian Indian
6	Chinese
7	Filipino
8	Japanese
9	Korean
10	Vietnamese
11	Native Hawaiian
12	Guamanian or Chamorro
13	Samoan
14	Other Asian
15	Other Pacific Islander
16	Some Other Race-Ethnicity
17	More Than One Race-Ethnicity
99	Not Collected

Counselor Disability	
1	Disabled
2	Not Disabled
9	Not Collected

Counselor Speaks Another Language	
1	Language Other Than English
2	English Speaker Only
9	Not Collected

## HIICAP: RESOURCE NARRATIVE

Please provide a brief response to the below questions:

1. What efforts have you taken to improve your outreach and counseling efforts?
2. What actions have you taken to expand outreach efforts to serve those under 65 with mental disabilities?
3. What actions have you taken to expand your outreach and counseling efforts to serve those with limited incomes?
4. What actions have you taken to expand your outreach and counseling effort to serve those with language barriers?
5. What efforts have you taken to increase awareness on Medicare fraud and prevention?
6. What efforts have you taken to provide awareness on Wellness and Preventive benefits?
7. Describe your relationship with your local Medicaid Office?
8. What volunteer engagement activities do you plan, participate in or implement?
9. What is your experience with your local Accountable Care Organization?
10. What is your experience in working with your Durable Medical Equipment Point of Service (DMEPOS) contractors?

*Note: Questions are subject to change based on grant requirements....*