

**Coordinated Family Support (CFS)  
Provider Quarterly Reporting Tool**

Consumer Name: \_\_\_\_\_

UCI: \_\_\_\_\_

CFS Provider Name: \_\_\_\_\_

Quarterly Reporting Period (M/YYYY to M/YYYY): \_\_\_\_\_

CFS Quarterly Completed by (Staff): \_\_\_\_\_

CFS Quarterly Report Completed on (Date): \_\_\_\_\_

CFS is for adults who live in the family home. The outcome of CFS should provide equitable access to services and supports which reduce disparity while flexibly tailoring the service to the consumer and their family through the multiple stages of life from transition through aging. CFS will be provided in a manner which is respectful of the culture, ethnicity and linguistic preferences of the consumer and their family. A CFS Plan of Action shall not replace or duplicate any regional center service coordination, generic service or other regional center funded service that the consumer and their family are receiving.

**Directions:**

The CFS provider is to update the progress only on items for which a CFS Plan of Action has been developed. Progress Report should include actions taken and percentage of progress toward overall goal.

**1. Identifying and providing supports necessary to successfully reside in the family home**

**Is there a CFS Plan of Action?** Yes  No

Progress Report: Consider actions taken and percentage of progress towards overall goal

<p><b>2. Providing assistance and training for the consumer and their family in navigating comprehensive services and supports that are tailored to meet their unique needs, including creating pathways to overcoming barriers to accessing generic and other resources</b></p>
<p><b>Is there a CFS Plan of Action?</b>    Yes <input type="checkbox"/>        No <input type="checkbox"/></p> <p>Progress Report: Consider actions taken and percentage of progress towards overall goal</p>
<p><b>3. Providing additional information or resources on the consumer’s diagnosis and identified supports</b></p>
<p><b>Is there a CFS Plan of Action?</b>    Yes <input type="checkbox"/>        No <input type="checkbox"/></p> <p>Progress Report: Consider actions taken and percentage of progress towards overall goal</p>
<p><b>4. Coordinating consistency in training across providers specific to the needs of the consumer and their family</b></p>
<p><b>Is there a CFS Plan of Action?</b>    Yes <input type="checkbox"/>        No <input type="checkbox"/></p> <p>Progress Report: Consider actions taken and percentage of progress towards overall goal</p>

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<b>5. Assisting with scheduling of service delivery including medical and other appointments</b>
<b>Is there a CFS Plan of Action?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Progress Report: Consider actions taken and percentage of progress towards overall goal

<b>6. Identifying transportation options or services</b>
<b>Is there a CFS Plan of Action?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Progress Report: Consider actions taken and percentage of progress towards overall goal

<b>7. Identifying backup providers/supports and providing those backup supports when the plan fails</b>
<b>Is there a CFS Plan of Action?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Progress Report: Consider actions taken and percentage of progress towards overall goal

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**8. Providing futures planning for the consumer, including those living with aging caregivers**

Is there a CFS Plan of Action? Yes  No

Progress Report: Consider actions taken and percentage of progress towards overall goal

**9. Providing training to the consumer which maximizes their independence**

Is there a CFS Plan of Action? Yes  No

Progress Report: Consider actions taken and percentage of progress towards overall goal

**10. Other - need that has been identified within the scope of the service, but not identified in Items #1-9 above.**

Is there a CFS Plan of Action? Yes  No

Progress Report: Consider actions taken and percentage of progress towards overall goal

**Any additional comments:**