INSTRUCTIONS

FOR

REPORTING TITLE III & ESP HOME DELIVERED MEALS PROGRAM INCOME & MATCH

INFORMATION THROUGH THE INTERNET

All Title III and Home Delivered Meal Providers (including ESP) must submit their monthly Title III Program Income & Match Information by 10:00 PM on the 12th of each month proceeding the current billing month. For example, May 2020 information must be submitted to the COA by 10:00 p.m. on June 12, 2020.
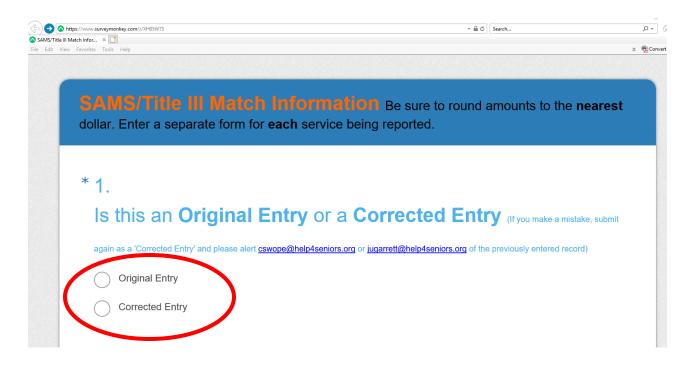
PLEASE REMEMBER THAT YOU MUST COMPLETE ONE ELECTRONIC FORM FOR EACH SERVICE YOU PROVIDE. For example, if your organization provides Congregate Meals and Transportation Services, you will need to fill out one form completely for Congregate Meals then "Submit" it. Then start a new form for Transportation and fill it out form completely and then "Submit" that form.

Below are the steps that need to be followed to complete reporting each month:

1. Open the following link in your web browser to access the form:

    www.surveymonkey.com/r/XH85W75

2. Question 1.   Is this an Original Entry or a Corrected Entry

    Click in the button next to 'Original Entry' or 'Corrected Entry' as appropriate. If this is your first time completing the form for this Service for the current billing month, click in the button for 'Original Entry'. If you are correcting your original submission for the current billing month, click in the button for 'Corrected Entry'.

3. Question 2.   Agency

In the space provided, enter your Agency's name.

2. * Agency
[▼]

4. Question 3.   Service

In the space provided, enter the Service you are reporting on with this form.

3. * Service
[▼]

5. Question 4.   Month

In the space provided, enter the billing month.

4. * Month
[▼]

6. Question 5.   Year

In the space provided, enter the billing year.

5. * Year
[▼]

7. Question 6.   County

For Home Delivered Meal Services ONLY - In the space provided, enter the County for which you are reporting.

For All Other Services - In the space provided, enter "None/Not Applicable."

6. * County
HDM Service select which "County"
All other services select 'None / Not Applicable"
[▼]

8. Questions 7-16.   Cash Match, In-Kind Match & Other Funding
   In the space provided for each question, enter the amount of that type of funding received for the current billing month. *Please enter numbers only and round to the nearest dollar.*

   If you did not receive any income for a certain type of fund, *please enter "0" (zero) in the field.*

Cash Match (Numbers Only - Round to the nearest dollar)

7. United Way

8. Foundations

9. Other

In Kind Match (Numbers Only - Round to the nearest dollar)

10. Volunteers

11. All Other

Other Funding (Numbers Only - Round to the nearest dollar)

12. Program Income

13. Client Cost Share

14. Other State

15. State Block Grant (SSBG(TXX))

16. Other Federal

9. Question 17.   If this is a CORRECTED entry, please indicate which fields have been corrected.

If you are submitting a Corrected Form, click in the button next to each item you changed from your original submission.

10. Carefully review your entire form for accuracy.

11. Once you are sure your form is ready for submission:
    a. Press and hold the CTRL key and then press the letter "P."
    b. Click on the 'Print' button once.

The COA strongly suggests that you print a copy of your form before your press the "Submit" button in Step 12. below. This will be your only opportunity to make a copy for your records. After you have submitted the form you cannot go back and print a copy.

12. Click once on the 'SUBMIT' button.

13. If you have more than one Service to report on, repeat steps 2. – 12. for each Service.
PLEASE REMEMBER THAT YOU MUST COMPLETE ONE ELECTRONIC FORM FOR EACH SERVICE YOU PROVIDE.

14. Once you have completed, printed, and submitted a form for each Service you provide you can close/exit your web browser.

THINGS TO REMEMBER

- If your Service is not Home Delivered Meals, please select "None" for Question 6.

- If you provide Home Delivered Meals for more than one County, you will need to submit Program Income information for each County you service. Please remember to tell us which County (Question 6.) the Program Income was collected.

- For those Providers that collect a "Cost Share" fee for allowable Title III or Alzheimer's Services, please enter this information on Question 13. "Client Cost Share."

- If you have any questions or concerns, please contact:

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