

Coordination/Collaboration Tracking Form

	Time Period			
	xx/xx/xx	xx/xx/xx	xx/xx/xx	xx/xx/xx
Do we have in place a current MOU with state's respite coalition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do we have in place a current MOU with other statewide respite organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many MOUs/formal agreements with aging or disability resource do we have in place?				
How many MOUs/formal agreements with other state agencies do we have in place?				
Was there a formal review of the MOUs/formal agreement during this time-period?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How many meetings did we hold with one or more stakeholders with the purpose of garnering their advice?	Total # meetings: _____	Total # meetings: _____	Total # meetings: _____	Total # meetings: _____
• Unduplicated number of caregivers who were invited to participate in one or more meetings.	# caregivers invited: _____	# caregivers invited: _____	# caregivers invited: _____	# caregivers invited: _____
• Unduplicated # of caregivers who participated (in person or virtually) in one or more meetings.	# caregivers attended: _____	# caregivers attended: _____	# caregivers attended: _____	# caregivers attended: _____
Percentage of invited caregivers who attended:	%	%	%	%
• Unduplicated number of other stakeholders who were invited to participate in one or more meetings.	# others invited: _____	# others invited: _____	# others invited: _____	# others invited: _____
• Unduplicated # of other stakeholders who participated (in person or virtually) in one or more meetings.	# others attended: _____	# others attended: _____	# others attended: _____	# others attended: _____
Percentage of invited stakeholders who attended:	%	%	%	%
Total amount of cash contributions received this period:	\$ _____	\$ _____	\$ _____	\$ _____
Cash equivalent of in-kind contributions received:	\$ _____	\$ _____	\$ _____	\$ _____
What is the status of our directory of respite services?	<input type="checkbox"/> Does not exist <input type="checkbox"/> under development, early stage <input type="checkbox"/> under development, advanced stage <input type="checkbox"/> Is complete <input type="checkbox"/> Is complete; updates made this period.	<input type="checkbox"/> Does not exist <input type="checkbox"/> under development, early stage <input type="checkbox"/> under development, advanced stage <input type="checkbox"/> Is complete <input type="checkbox"/> Is complete; updates made this period.	<input type="checkbox"/> Does not exist <input type="checkbox"/> under development, early stage <input type="checkbox"/> under development, advanced stage <input type="checkbox"/> Is complete <input type="checkbox"/> Is complete; updates made this period.	<input type="checkbox"/> Does not exist <input type="checkbox"/> under development, early stage <input type="checkbox"/> under development, advanced stage <input type="checkbox"/> Is complete <input type="checkbox"/> Is complete; updates made this period.