**Three Month Program Report** **for**

**Legal Service Providers to Kinship Care Families**

**FY 2023**

# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Agency*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Tax ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Project Title

 [ ] July - September Report [ ] October – December Report

[ ] January - March Report [ ] April - June Report

Check all quarterly payments received from AOC [ ] 1st [ ] 2nd [ ] 3rd [ ] 4th

Send report to:

Administrative Office of the Courts of Georgia

244 Washington Street, S.W., Suite 300

Atlanta, Georgia 30334-5900

Phone (404) 656-5171 Email: grants@georgiacourts.gov

**Project Narrative and Analysis for Period**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Objectives** **Outlined in Grant Application**  | **Status****(C) Completed** **(I) In Progress** **(D) Delayed** | **Barriers** | **Anticipated Completion Date** |
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**Uniform Success Measures During the 3 Month Period**

**I. Type of Clients\*:**

Number

Women

Race:

 African-American \_\_\_\_\_\_\_\_\_\_\_\_

 Asian/Pacific \_\_\_\_\_\_\_\_\_\_\_\_

 Caucasian \_\_\_\_\_\_\_\_\_\_\_\_

 Hispanic/Latino \_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Women Assisted: \_\_\_\_\_\_\_\_\_\_\_\_

Men

Race:

 African-American \_\_\_\_\_\_\_\_\_\_\_\_

 Asian/Pacific \_\_\_\_\_\_\_\_\_\_\_\_

 Caucasian \_\_\_\_\_\_\_\_\_\_\_\_

 Hispanic/Latino \_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Men Assisted: \_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child (Adult Clients):

 Grandparent \_\_\_\_\_\_\_\_\_\_\_\_

 Aunt/Uncle \_\_\_\_\_\_\_\_\_\_\_\_

 Sibling \_\_\_\_\_\_\_\_\_\_\_\_

 Cousin \_\_\_\_\_\_\_\_\_\_\_\_

 Family Friend \_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_

Children

Race:

 African-American \_\_\_\_\_\_\_\_\_\_\_\_

 Asian/Pacific \_\_\_\_\_\_\_\_\_\_\_\_

 Caucasian \_\_\_\_\_\_\_\_\_\_\_\_

 Hispanic/Latino \_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Children Assisted: \_\_\_\_\_\_\_\_\_\_\_\_

***\*Client = direct beneficiary of legal services funded by grant funds (ex. Grandmother with 2 grandchildren = 1 client if grandmother is represented by attorney).***

**II. Children** **Benefitting from Services (Non-client):**

Number

Race:

 African-American \_\_\_\_\_\_\_\_\_\_\_\_

 Asian/Pacific \_\_\_\_\_\_\_\_\_\_\_\_

 Caucasian \_\_\_\_\_\_\_\_\_\_\_\_

 Hispanic/Latino \_\_\_\_\_\_\_\_\_\_\_\_

 Other \_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Children Assisted: \_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Children in Kinship Care Assisted: \_\_\_\_\_\_\_\_\_\_

**III. Direct Legal Services to Clients:\*\***

Number

Child Custody/Guardianship/Adoption \_\_\_\_\_\_\_\_\_\_\_\_

Medical/Access to Healthcare \_\_\_\_\_\_\_\_\_\_\_\_

Family/Child Support \_\_\_\_\_\_\_\_\_\_\_\_

Housing Issues \_\_\_\_\_\_\_\_\_\_\_\_

Employment Issues \_\_\_\_\_\_\_\_\_\_\_\_

Property \_\_\_\_\_\_\_\_\_\_\_\_

Public Benefits/TANF \_\_\_\_\_\_\_\_\_\_\_\_

Power of Attorney \_\_\_\_\_\_\_\_\_\_\_\_

Advance Directives/Wills \_\_\_\_\_\_\_\_\_\_\_\_

Financial/Consumer \_\_\_\_\_\_\_\_\_\_\_\_

Education \_\_\_\_\_\_\_\_\_\_\_\_

Divorce \_\_\_\_\_\_\_\_\_\_\_\_

Other (Please Specify) \_\_\_\_\_\_\_\_\_\_\_\_

***\*\* Also complete services by judicial circuit worksheet***

**IV. Cost:**

Average cost per client $\_\_\_\_\_\_\_\_\_\_\_\_\*\*\*

***\*\*\*Cost per client = Average amount of grant funds used for legal services per actual client; each service for the same client does not equal a “new client”).***

**V. Additional Information:**

How do you determine the value of the legal services the clients received (i.e. client was able to obtain guardianship of child; client was able to access public benefits)? *(Attach additional pages if needed)*

**This information is accurate to the best of my knowledge and reflects this agency’s use of state funds for kinship care families.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director’s Signature**

**Tax ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**