

**Six Month Program Report for
Legal Service Providers of Civil Legal Services to
Kinship Care Families for FY 2022**

Agency

Tax ID Number

Project Title

July - December Report January - June Report

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

<p>Send reports to: Meisa Pace, Grant & Contract Coordinator Administrative Office of the Courts of Georgia 244 Washington Street, S.W., Suite 300 Atlanta, Georgia 30334-5900 Phone (404) 463-3821 Email: meisa.pace@georgiacourts.gov</p>

<p>Project Narrative and Analysis for Period</p>

Project Objectives Outlined in Grant Application	Status (C) Completed (I) In Progress (D) Delayed	Barriers	Anticipated Completion Date

Uniform Success Measures During the 6 Month Period

I. Type of Clients*:

	<u>Number</u>
<u>Women</u>	
Race:	
African-American	_____
Asian/Pacific	_____
Caucasian	_____
Hispanic/Latino	_____
Other	_____
Total Number of Women Assisted:	_____

<u>Men</u>	
Race:	
African-American	_____
Asian/Pacific	_____
Caucasian	_____
Hispanic/Latino	_____
Other	_____
Total Number of Men Assisted:	_____

<u>Relationship to Child:</u>	
Grandparent	_____
Aunt/Uncle	_____
Sibling	_____
Cousin	_____
Family Friend	_____
Other	_____

**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:

	<u>Number</u>
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:**

	<u>Number</u>
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 # _____