



Number of Active Consumers:			
Total	NCC	Kent	Sussex

NAME	MCI Number	Admission Date	Total # of Hours of Service Provided	Cleaning	Shopping	Meal Prep	Laundry	Bathing	Dressing	Personal Hygiene	Medication Prompting	Mobility Assistance	Transportation	Discharged (Y/N)	Involuntarily Disenrolled (Y/N)
Total				0	0	0	0	0	0	0	0	0	0	0	0

Describe successes of the program, including specific cases, increased ability to manage tasks independently, etc. Include county-specific successes as applicable.

Describe any innovative or promising practices that your program has implemented.

Describe challenges related to the program, including lack of referrals, difficulty contacting new referrals, staffing challenges, waiting lists, etc. Include county-specific challenges as applicable.

What steps have you taken to address the above noted challenges or other obstacles encountered by the program?

