

NIRS Activity Form – FY 2021

***Response Required**

***Program Type:**

- UCEDD LEND LEAH PPC DBP

***Fiscal Year:** **2021**

***Core Function:** **Demonstration Services**

***Title of Activity:** _____

Brief Activity Description *(This field may be used to provide brief explanatory information (up to 50 words) on the activity being reported in this record)* _____

Staff Involvement _____

(List the first and last name of all staff members who were involved in conducting this activity.)

Total number of consults, contacts, or services _____

Number of unduplicated individuals served _____

Race of individuals served *(Supply number for all that apply)*

- | | |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| _____ White | _____ Native Hawaiian and Other Pacific Islander
(includes Native Hawaiian, Guamanian or Chamorro, Samoan, and other Pacific Islander) |
| _____ Black or African-American | _____ More than one race includes individuals who identify with two or more racial designations |
| _____ American Indian and Alaska Native
Tribe: _____ | _____ Unrecorded is included for individuals who are unable to identify with the categories |
| _____ Asian (includes Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and other Asian) | |

Ethnicity of individuals served *(Supply number for all that apply)*

- _____ Hispanic _____ Non Hispanic _____ Unrecorded

Ages of individuals served *(Supply number for all that apply)*

- | | |
|---------------------------------|----------------------------------------------|
| _____ Pregnant Women (All Ages) | _____ CSHCN Infants <1 year |
| _____ Infants <1 year | _____ CSHCN Children and Youth 1 to 25 years |
| _____ Children 1 to 12 years | _____ Women 25+ |
| _____ Adolescents 12-18 years | _____ Men 25+ |
| _____ Young Adults 18-25 years | |

***Type of Activity** *(Select one)*

- Advocacy Capacity Building Systemic Change

***Is this activity addressing the transitional needs to adult health care for youth with special health care needs?**

- Yes No

***Through what processes are you promoting or facilitating the transition to adult health care for youth with special health care needs?**

- | | |
|----------------------------------------------------------------------|-------------------------------------------------------|
| <input type="radio"/> Technical Assistance | <input type="radio"/> Tracking/Surveillance |
| <input type="radio"/> Training | <input type="radio"/> Screening/ Assessment |
| <input type="radio"/> Product Development | <input type="radio"/> Referral/ Care Coordination |
| <input type="radio"/> Research/ Peer-Reviewed Publications | <input type="radio"/> Direct Services |
| <input type="radio"/> Outreach/ Information Dissemination/ Education | <input type="radio"/> Quality Improvement Initiatives |

***Is this activity promoting and/or facilitating developmental screening and follow-up in your program?**

- Yes No

***Through what processes are you promoting and/or facilitating developmental screening and follow-up in your program?**

- Technical Assistance
- Training
- Product Development
- Research/ Peer-Reviewed Publications
- Outreach/ Information Dissemination/ Education
- Tracking/Surveillance
- Screening/ Assessment
- Referral/ Care Coordination
- Direct Services
- Quality Improvement Initiatives

***Area of Emphasis (Check one)**

Areas listed in the DD Act:

- Quality Assurance Activities
- Child Care-Related Activities
- Employment-Related Activities
- Transportation-Related Activities
- Education & Early Intervention
- Health-Related Activities
- Housing-Related Activities
- Recreation-Related Activities

Areas not listed in the DD Act:

- Quality of Life Activities
- Other-Cultural Diversity
- Other, Please Specify: _____
- Other-Assistive Technology
- Other-Leadership

Customer Satisfaction

***Was the Center the lead on this activity?**

- Yes (If Yes, please enter the survey results below.)
- No

Total number surveyed _____

Supply total number responding:

- Strongly Agree _____
- Disagree _____
- Agree _____
- Strongly Disagree _____

***Primary Agency Collaborating on the Work of the Activity (Select one)**

- Not Applicable/No Collaborating Agency
- State Title V Agency
- Other MCHB Funded or Related Program
- State Health Dept.
- Clinical Programs/Hospitals
- State Adolescent Health
- Other Health-Related Program
- Health Insurance/Managed Care Organization
- Medicaid
- Development Disabilities Council
- Protection & Advocacy Agency (P&A)
- Another UCEDD
- Childcare/Early Childhood/Part C Infants and Toddlers
- Head Start/Early Head Start
- State/Local Special Education (3-21)
- State/Local General Education
- Post Secondary Education (Community College-University)
- Employment/Voc Rehab
- State/Local DD Agency or Provider
- State/Local Social Services
- Aging Organization
- Health Agency - Public/Private
- Mental Health/Substance Abuse Agency
- Housing Agency/Provider
- Recreation Agency
- Transportation Agency
- Provider Organization
- Consumer/Advocacy Organization
- State/Local Coalition
- Legislative Body
- Justice/Legal Organization
- Community or Faith-Based Organization
- National Association
- Independent research or policy organization
- Foundation
- Other

***All Agencies Collaborating on the Work of the Activity (Must check all that apply)**

(Name of agency/ies may be supplied in space provided)

- State Title V Agency _____
- Other MCHB Funded or Related Program _____

- State Health Dept. _____
- Clinical Programs/Hospitals _____
- State Adolescent Health _____
- Other Health-Related Program _____
- Health Insurance/Managed Care Organization _____
- Medicaid _____
- Development Disabilities Council _____
- Protection & Advocacy Agency (P&A) _____
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- Childcare/Early Childhood/Part C Infants and Toddlers _____
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- Provider Organization _____
- Consumer/Advocacy Organization _____
- State/Local Coalition _____
- Legislative Body _____
- Justice/Legal Organization _____
- Community or Faith-Based Organization _____
- National Association _____
- Independent research or policy organization _____
- Foundation _____
- Other _____

***Project Affiliation**

- Not Applicable/No Affiliated Project
- Primary Affiliated Project – List Title: _____
- Secondary Affiliated Project– List Title: _____

***Duration** (Report to the nearest full hour): _____

- Not Applicable

Date of Activity _____
(mm/dd/yyyy)

Recurring activity?
(For on-going activities, you may just enter the date the activity began)