

NIRS Activity Form – FY 2021

*Response Required

*Program Type: UCEDD

*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)

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian and Other Pacific Islander
(includes Native Hawaiian, Guamanian or Chamorro, Samoan, and other Pacific Islander) |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> More than one race includes individuals who identify with two or more racial designations |
| <input type="checkbox"/> American Indian and Alaska Native
Tribe: _____ | <input type="checkbox"/> Unrecorded is included for individuals who are unable to identify with the categories |
| <input type="checkbox"/> 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)

- | | |
|--|---|
| <input type="checkbox"/> Pregnant Women (All Ages) | <input type="checkbox"/> CSHCN Infants <1 year |
| <input type="checkbox"/> Infants <1 year | <input type="checkbox"/> CSHCN Children and Youth 1 to 25 years |
| <input type="checkbox"/> Children 1 to 12 years | <input type="checkbox"/> Women 25+ |
| <input type="checkbox"/> Adolescents 12-18 years | <input type="checkbox"/> Men 25+ |
| <input type="checkbox"/> Young Adults 18-25 years | |

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

- Advocacy Capacity Building Systemic Change

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

Areas listed in the DD Act:

- | | |
|---|--|
| <input type="radio"/> Quality Assurance Activities | <input type="radio"/> Education & Early Intervention |
| <input type="radio"/> Child Care-Related Activities | <input type="radio"/> Health-Related Activities |
| <input type="radio"/> Employment-Related Activities | <input type="radio"/> Housing-Related Activities |
| <input type="radio"/> Transportation-Related Activities | <input type="radio"/> Recreation-Related Activities |

Areas not listed in the DD Act:

- | | |
|---|--|
| <input type="radio"/> Quality of Life Activities | <input type="radio"/> Other-Assistive Technology |
| <input type="radio"/> Other-Cultural Diversity | <input type="radio"/> Other-Leadership |
| <input type="radio"/> Other, Please Specify:
_____ | |

Customer Satisfaction

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

Yes (If Yes, please enter the survey results below.)

No

Total number surveyed _____
Strongly Agree _____
Agree _____

Supply total number responding:
Disagree _____
Strongly Disagree _____

***All Agencies Collaborating on the Work of the Activity**

(Must check all that apply)

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

- 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 _____

***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

Recurring activity?

Date of Activity _____
(*mm/dd/yyyy*)

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