

# APPENDIX 1

PERSONS SERVED AND PERFORMANCE MEASURE REPORT CAT PROGRAM											
Provider Name											
Contract Number											
Reporting Period		From				To					
Reporting Requirement		Target	This Period			This Quarter to Date			Year to Date		
<b>DELIVERABLE</b> Number of Persons Served <i>Section D-2</i> <i>1<sup>st</sup> Month = 10</i> <i>2<sup>nd</sup> Month = 20</i> <i>3<sup>rd</sup> Month = 25</i> <i>Thereafter = 35</i>		Min ____ per month	Total Served ____  CAT ____  CARES Act Funded ____			Total Served ____  CAT ____  CARES Act Funded ____			Total Served ____  CAT ____  CARES Act Funded ____		
<b>MINIMUM PERFORMANCE MEASURES – Section XV</b>			Numerator	Denominator	Percentage	Numerator	Denominator	Percentage	Numerator	Denominator	Percentage
School Attendance		80%									
Improved Level of Functioning, based upon CFARS or FARS		80%									
Living in a Community Setting		90%									
Improved Family Functioning, based on Child Well-being Domain, NCFAS-G+R		65%									
<b>Notes:</b> 1. Performance measures for <b>CFARS/FARS</b> and <b>NCFAS</b> will become effective once the Provider discharges a minimum of 10 individuals. 2. Providers may use the space below to provide performance-related details affecting the delivery of services according to the specified targets. (Optional)											
<b>ATTESTATION</b>											
I hereby attest the information provided herein is accurate, reflects services provided in accordance with the terms and conditions of this contract, and is supported by client documentation records maintained by this agency.											
Authorized Name and Title (please print)											
Signature						Date					