FAMILY RESOURCE NETWORK QUARTERLY PROGRAM ACTIVITY REPORT State Fiscal Year 2015

FRN County and Director: Grant Number: Report Period: (check one)		
	Second Quarter (October – December 2014) Due: January 30, 2015	
	Third Quarter (January – March 2015) Due: April 30, 2015	
	Fourth Quarter/Final Report (April – June 2015) Due: August 15, 2015	

Program activity reports should be submitted ELECTRONICALLY, via email, when possible.

SUBMIT THE ORIGINAL ACTIVITY REPORT TO:

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR CHILDREN AND FAMILIES, OFFICE OF FINANCE AND ADMINISTRATION DIVISION OF GRANTS AND CONTRACTS 350 Capitol Street, Room 730 CHARLESTON, WEST VIRGINIA 25301-3711 ATTN: YOUR REGIONAL CONTRACT SPECIALIST

SUBMIT A <u>COPY</u> OF THIS PROGRAM ACTIVITY REPORT TO:

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES BUREAU FOR CHILDREN AND FAMILIES, OFFICE OF CHILDREN AND ADULT POLICY **DIVISION OF CHILDREN AND ADULT SERVICES** 350 Capitol Street, Room 691 CHARLESTON, WEST VIRGINIA 25301-3711

ATTN: GARY W. KEEN

OR REGAN McGaHan GARY.W.KEEN@WV.GOV REGAN.S.M.McGAHAN@WV.GOV

Did the FRN meet monthly this quarter? Did the members of the FRN Board of Directors change? If yes, provide a name list of the new board members and their contact information. Did the FRN attend or otherwise participate in the multi-county collaborative this quarter? List and describe the meetings attended this quarter. Describe how they relate to the FRN outcomes and the work established for the FRN by the Board of Directors.

LIST ANY ISSUES/COMMENTS/CONCERNS WITH ASSESSMENT AND MOBILIZATION ACTIVITIES THIS QUARTER:

5. Describe the efforts made to involve family members with the FRN and the collaborative.

SECTION II: PLANNING AND EVALUATION ACTIVITIES

1.	Has the 2015 paper resource guide been submitted? If not, please describe progress towards completion.
2.	On or before August 15, 2015, attach data resource sheet or indicate which FRN in your collaborative is submitting for your collaborative.
3.	Describe Medicaid/CHIP promotion activities, expected outcomes and results.
4.	How are you getting the information from the collaborative to your FRN network?
Lis	T ANY ISSUES/COMMENTS/CONCERNS WITH PLANNING AND EVALUATION ACTIVITIES THIS QUARTER:

SECTION III: QUALITY AND ACCOUNTABILITY

1.	List any changes in office days, hours or location.	
2.	Has the FRN contact list for participation in the Continuous Quality Improvement Survey been submitted?	
3.	Please attach or indicate the timeframe for the annual evaluation of the FRN Coordinator/Director by the Board of Directors.	
4.	Describe any dollars leveraged or received in-kind as a direct result of FRN efforts.	
List Attachments to this Report here:		