|  |  |
| --- | --- |
| Area Agency on Aging:  | Date: |
| AAA Staff Interviewed: | SUA Reviewer: |

**AAAs –** *Please send the following documents to the SUA* ***3 weeks prior*** *to the monitoring visit:*

[ ]  *Title III-D evidence-based practice program materials* (ex: **pictures, flyers, brochures, schedules**)

[ ]  *Copies of contracts with external providers that offer Title III-D Evidence Base Programs*.

1. **List all the direct service evidence-based programs your agency currently offers within this fiscal year:**

|  |  |
| --- | --- |
| **Programs** | **Locations** |
|  |  |
|  |  |
|  |  |

1. **If your agency has an agreement with a local health department to provide evidence-based programs, please include the program and contract below.**

|  |  |  |  |
| --- | --- | --- | --- |
| Health Department | Program(s) | Year Contracted | Will this contract be renewed? |
|  |  |  |  |
|  |  |  |  |

1. **List all Health Promotion/Disease Prevention (*non-evidence-based*) programs provided in your PSA.**

**\*Use the back of this sheet or another table if necessary.**

|  |  |
| --- | --- |
| **Programs** | **Locations** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **Provide the SUA with a list of scheduled evidence-based program sessions the AAA or contracted service performed within the last fiscal year, including the total number of participants for each program (may provide a schedule in a Word document or Excel spreadsheet).**
2. **Provide the SUA with a brief written summary of III-D programming that has occurred within your service area within the last fiscal year and your future for providing services within the next year.**