



PERIODIC MANAGEMENT INFORMATION REPORT SUPPORT CO-ORDINATION

Periodic management information reports are submitted at regular intervals throughout the contract term so that CLBC staff can evaluate whether the service is being used effectively. Detailed requirements are laid out in Schedule D of the *Terms and Conditions* and in the Payment Tables of each specific Contract.

Enter the required information for the Location of Service, Activity or Service as listed on the contract or Funding Template. If there is more than one Location of Service, Activity, or Service listed on the contract, please complete and submit a separate Periodic Management Information report for each one. All reports are due no later than 30 days after the end of the reporting period.

ENTER DETAILS/NAMES EXACTLY AS SPECIFIED IN THE CONTRACT OR ASSOCIATED FUNDING TEMPLATE.

PART 1: Vendor Information

1. VENDOR LEGAL NAME	
2. NAME AND POSITION OF PERSON MAKING REPORT	3. PHONE NUMBER (INCLUDE AREA CODE)
4. EMAIL ADDRESS	5. DATE OF REPORT SUBMISSION (DD/MMM/YYYY)
6. REPORTING PERIOD FROM (DD/MMM/YYYY) TO (DD/MMM/YYYY)	7. CONTRACT NUMBER

PART 2: Periodic Management Information

8. LOCATION OF SERVICE (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)	9. ACTIVITY NAME (IF SPECIFIED IN CONTRACT OR FUNDING TEMPLATE)		
10. RECORD NAMES OF ALL INDIVIDUALS SERVED DURING THIS REPORTING PERIOD AND ENTER APPLICABLE DETAILS AS REQUIRED <i>IF YOU REQUIRE ADDITIONAL LINES, PLEASE COMPLETE AND ATTACH A SEPARATE PAGE</i>	ACTUAL # OF SUPPORT HOURS OR DAYS FOR INDIVIDUAL / FAMILY (IF SPECIFICATION REQUIRED AS PER THE CONTRACT)	SERVICE START DATE IF INDIVIDUAL / FAMILY STARTED SERVICE DURING THIS REPORTING PERIOD	SERVICE END DATE IF INDIVIDUAL / FAMILY EXITED SERVICE DURING THIS REPORTING PERIOD
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PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE



COMMUNITY LIVING
BRITISH COLUMBIA

VENDOR NAME:

CONTRACT NUMBER:

CONTINUED FROM PREVIOUS PAGE

10. RECORD NAMES OF ALL INDIVIDUALS SERVED DURING THIS REPORTING PERIOD AND ENTER APPLICABLE DETAILS AS REQUIRED <i>IF YOU REQUIRE ADDITIONAL LINES, PLEASE COMPLETE AND ATTACH A SEPARATE PAGE</i>	ACTUAL # OF SUPPORT HOURS OR DAYS FOR INDIVIDUAL (IF SPECIFICATION REQUIRED AS PER THE CONTRACT)	SERVICE START DATE IF INDIVIDUAL STARTED SERVICE DURING THIS REPORTING PERIOD	SERVICE END DATE IF INDIVIDUAL EXITED SERVICE DURING THIS REPORTING PERIOD
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11. SERVICE PROVIDER COMMENTS

PLEASE SEND COMPLETED FORM BY MAIL OR FAX TO YOUR LOCAL CLBC OFFICE