

**Required Service Deliverable Backup and Naming Conventions  
District Center (DC)  
Enhancing Equity (EE)  
Invoices**

(XX - Two letter provider codes shown below)

| <b>Report required for Invoice payment</b> | <b>Database used for participant information</b>           | <b>Report includes</b>   | <b>Naming convention for document</b>                                 |
|--|--|--|---|
| Focal Point Services                       | Monthly report required (excel format).                    | # of units; unduplicated client count<br><br>For FCG support groups: names, demographic info   | MMYY_XX_23  |
| Information, Referral & Assistance         | Aging and Disability Resource Connection (ADRC)<br>GetCare | Report from GetCare: # of contacts: information, referral, assistance separately (Call Summary)  | MMYY_XX_30  |
| Transportation Scheduling & Coordination   | UCR - Universal Client Registry                            | Transportation Contract Deliverables monthly log completed: Service provided (Passes/Tickets, Cab Rides), assessments completed and uploaded to referral, <u>Transportation Log in UCR set to Submitted by Manager</u> | <i>n/a: must be completed in database prior to invoice submission</i> |
| Options Counseling                         | ADRC<br>GetCare  | Names of customers served, number of service units provided per customer, Client Custom Report   | MMYY_XX_33  |

| Report required for Invoice payment   | Database used for participant information | Report includes  | Naming convention for document |
|---|---|--|--------------------------------|
| OAA Case Management<br>OPI Case Management<br>Family Caregiver Case Management<br>Star-C<br>CMA - Employee<br>CMA - Volunteer | Oregon Access                             | “Turnaround report”: Names of participants served, # of service units provided per participant   | MMYY_XX_Turnaround             |
| Congregate Meals  | Oregon Access, UCR                        | # of meals, names of participants with prime numbers, date annual nutrition assessment completed with score, quarterly nutrition education completed | MMYY_XX_Meals                  |

### Two-letter Provider Codes

#### District Centers

Friendly House - DC      FH  
 Hollywood Senior Center      NE  
 Impact NW      PT  
 IRCO – DC      ME  
 YWCA      EC

#### Nutrition only

Ecumenical Ministries      EM  
 Meals on Wheels People      91

#### Enhancing Equity

AHCS - EE      AS  
 EI Programa Hispano      PH  
 Friendly House – Sage      GG  
 Latino Network      LN  
 IRCO – EE      IR  
 NARA – EE      NA  
 NAYA – EE      NY  
 Q Center      QC  
 Urban League      UL