

POMP 6 HOME AND COMMUNITY SERVICE RECEIPTS SURVEY
SAMPLING PROCEDURES REPORT
July 7, 2005

Name of AAA Region, County, Community, or Provider, etc. to which this information applies:

• CONTACT INFORMATION FOR THE PERSON COMPLETING THIS FORM

- Name
- Title
- Agency
- Mailing Address
- Phone number
- E-mail address

• SERVICE AREA IDENTIFICATION / DESCRIPTION

- Statewide
- Portion of state
- AAA Region/Planning and Service Area
- County
- Community
- Provider
- Other – describe: _____

[For any unit of analysis smaller than statewide, please make additional copies of this form and complete a form for each AAA, county, community, or provider.]

• CHECK ALL CORE SERVICES PROVIDED:

- Congregate
- Home-delivered
- Transportation
- Homemaker
- Home Health Aide
- Adult day care or day health services

• PROCEDURE(S) USED TO DRAW SAMPLE:

- Systematic (i.e., Sampling Rate Method)
- Random Selection
- Census of All Eligible Clients
- Other – describe: _____

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- CLIENT RECORD KEEPING SYSTEM

- Electronic
- Paper
- Other – describe: _____

- WHERE CLIENT RECORDS ARE KEPT

- Area Agency
- Provider
- Other – describe: _____

- TOTAL ELIGIBLE POPULATION RECEIVING SERVICES

[same as the unduplicated CLIENT MASTER LIST of current clients age 60+ who received at least one of the core services for all 3 of the 3 most recent months reported]

of clients in the population _____

- NUMBER OF CLIENTS IN THE DRAWN SAMPLE

of persons selected for sample _____

- NUMBER OF CLIENTS IN THE COMPLETED SAMPLE

[equals the Drawn Sample minus any duplicates, ineligible, etc. found after attempting to interview]

of persons in the completed sample _____

- SUMMARY OF SAMPLE SELECTION METHOD: