

**Spring 2019 Tally Sheet  
(PROVIDER VERSION)**

**Service Area (SA):** \_\_\_\_\_

**Provider Number:** \_\_\_\_\_

All CPS forms are checked () for the following prior to submission:

- Separate and count CPS Forms by Type and Language
- Tally sheets forwarded to my SA Chair

I, \_\_\_\_\_ have checked the above.  
*(print name)*

**Number of COMPLETED CPS forms to be submitted to CIOB**

Language	Youth Services Survey for Families (YSS-F)	Youth Services Survey (YSS)	Adult MHSIP	Older Adult MHSIP
	Parents/Caregivers of Children/Youth ages 0-17	Children/Youth ages 13-17	Consumers ages 18-59	Consumers ages 60 and above
English				
Spanish				
Chinese				
Russian				
Hmong				
Tagalog				
Vietnamese				

**PLEASE SUBMIT TO YOUR SA CHAIR ON OR BEFORE**

**THURSDAY, MAY 23, 2019**