

**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 REFUSED 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