

QUARTERLY OMBUDSMAN DATA REPORTING FORM

PSA Number: **Program Name:**

-	
---	--

Please Indicate the Appropriate Reporting Period:

<input type="checkbox"/>	July 1 – September 30	Due by October 31
<input type="checkbox"/>	October 1 – December 31	Due by January 31
<input type="checkbox"/>	January 1 – March 31	Due by April 30
<input type="checkbox"/>	April 1 – June 30	Due by July 31

I certify, to the best of my knowledge, that all complaint and activity data for the quarter referenced above has been entered into the Ombudsman Data Integration Network (ODIN), is accurate, and complete.

Ombudsman Program Coordinator

_____/_____/_____
Date

Notification of Delay in Data Entry

If you have not completed your data entry by the due date above, when do you expect the quarterly data to be entered into ODIN?

Please state the reason for the delay in reporting data.

--

Ombudsman Program Coordinator

_____/_____/_____
Date

Please e-mail this form by the quarterly due date to the Management Services Technician at the Office of the State Long-Term Care Ombudsman at Vicky.Radford@aging.ca.gov with a copy to your Area Agency on Aging.