

**Providers of Civil Legal Services to  
Kinship Care Families  
Six Month Report FY 2020**

\_\_\_\_\_  
*Agency*

\_\_\_\_\_  
*Tax ID Number*

\_\_\_\_\_  
*Project Title*

[ ] Semi-annual report #1 [ ] Semi-annual report #2

\_\_\_\_\_  
6-Month Period Covered by Report

<p>Send reports to: Meisa Pace, Grant &amp; Contract Coordinator Administrative Office of the Courts of Georgia 244 Washington Street, S.W., Suite 300 Atlanta, Georgia 30334-5900 Phone (404) 463-3821 Email: meisa.pace@georgiacourts.gov</p>
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<p><b>Project Narrative and Analysis for Period</b></p>
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Project Objectives Outlined in Grant Application	Status (C) Completed (I) In Progress (D) Delayed	Barriers	Anticipated Completion Date

<b>Uniform Success Measures During the 6 Month Period</b>
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**I. Type of Clients\*:**

	<u>Number</u>
<u>Women</u>	
Race:	
African-American	_____
Asian/Pacific	_____
Caucasian	_____
Hispanic/Latino	_____
Other	_____
Total Number of Women Assisted:	_____

<u>Men</u>	
Race:	
African-American	_____
Asian/Pacific	_____
Caucasian	_____
Hispanic/Latino	_____
Other	_____
Total Number of Men Assisted:	_____

<u>Relationship to Child:</u>	
Grandparent	_____
Aunt/Uncle	_____
Sibling	_____
Cousin	_____
Family Friend	_____
Other	_____

*\*Client = direct beneficiary of legal services funded by grant funds (ex. Mother with 2 children= 1 client if mother is represented by attorney).*

**II. Children Benefitting from Services:**

Race:	
African-American	_____
Asian/Pacific	_____
Caucasian	_____
Hispanic/Latino	_____
Other	_____
Total Number of Children Assisted:	_____
Total Number of Children in Kinship Care Assisted:	_____

**III. Direct Legal Services to Clients:\*\***

	<u>Number</u>
Child Custody/Guardianship/Adoption	_____
Medical/Access to Healthcare	_____
Family/Child Support	_____
Housing Issues	_____
Employment Issues	_____
Property	_____

Public Benefits/TANF \_\_\_\_\_  
Power of Attorney \_\_\_\_\_  
Advance Directives/Wills \_\_\_\_\_  
Financial/Consumer \_\_\_\_\_  
Education \_\_\_\_\_  
Other (Please Specify) \_\_\_\_\_

**\*\* Also complete services by judicial circuit worksheet**

#### **IV. Cost:**

Average cost per client \$ \_\_\_\_\_ \*\*\*

**\*\*\*Cost per client = Average amount of grant funds used for legal services per actual client; each service for the same client does not equal a "new client".**

#### **V. Additional Information:**

How do you determine the value of the legal services the clients received (i.e. client was able to obtain guardianship of child; client was able to access public benefits)? *(Attach additional pages if needed)*

**This information is accurate to the best of my knowledge and reflects this agency's use of state funds for kinship care families.**

\_\_\_\_\_  
**Director's Signature**

**Tax ID #** \_\_\_\_\_

**Civil Legal Services to Kinship Care Families**

Circuit	Child Custody/Guardianship/Adoption	Medical/Access to Healthcare	Family and Child Support	Housing Issues	Employment Issues	Property	Public Benefits/TANF	Power of Attorney	Advance Directives/Will	Financial/Consumer	Education	Other (Please specify)
Alapaha												
Alcovy												
Appalachian												
Atlanta												
Atlantic												
Augusta												
Bell-Forsyth												
Blue Ridge												
Brunswick												
Chattahoochee												
Cherokee												
Clayton												
Cobb												
Conasauga												
Cordele												
Coweta												
Dougherty												
Douglas												
Dublin												
Eastern												
Enotah												
Flint												
Griffin												
Gwinnett												
Houston												
Lookout Mountain												
Macon												
Middle												
Mountain												
Northeastern												
Northern												
Ocmulgee												
Oconee												
Ogeechee												
Pataula												
Paulding												
Piedmont												
Rockdale												
Rome												
South Georgia												
Southern												
Southwestern												
Stone Mountain												
Tallapoosa												
Tifton												
Toombs												
Towaliga												
Waycross												
Western												
<b>Total</b>	0	0	0	0	0	0	0			0	0	

Input the number of cases handled in each circuit during the six-month grant period with the grant funds