



**WEST VIRGINIA BUREAU OF SENIOR SERVICES
TITLE III
FEDERAL COST SHARE ACCOUNTABILITY FORM**

Date: _____

Provider Agency: _____

Period Covered: October 1, _____ through September 30, _____ .

		Title III Personal Care	Title III Homemaker	Title III Adult Day Care	Title III Chore	Title III In-Home Respite	Title III Congregate Respite	TOTAL
1.	Total Cost Share Collected for the period							
2.	Units Provided with Cost Share							
3.	Per Unit Fee							
4.	Units X Fee							
6.	Unallowable Unexpended Balance***							

*** This amount should be zero (0) in each Title III Federal Program. Carryover is not allowable for Federal program dollars.

Signature _____

Provider Agency Director or designee

Title _____

Phone _____

To be submitted annually by October 31