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**	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
2.	**Units Provided with Cost Share**	0	0	0	0	0	0	0
3.	**Per Unit Fee**	$18.00	$15.00	$10.00	$15.00	$18.00	$10.00	
4.	**Units X Fee**	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
6.	**Unallowable Unexpended Balance*** **							$ 0.00

*** 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