



**OKLAHOMA DEPARTMENT OF HUMAN SERVICES**



**Area Agency on Aging (AAA) Quarterly Report**

Fiscal year	Quarter	Months	AAA name	AAA director
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This report summarizes specific AAA activities.

**This report is due to the appropriate OKDHS Aging Services Division (ASD) programs field representative no later than \_\_\_\_\_.**

**Section I.** ASD staff request for specific information.

**Section II.** AAA staff information or concerns pertinent to the Program Monitoring and Policy Development Unit.

