

American Red Cross

Family Caregiving Program Leader Activity Report

CHAPTER INFORMATION [Chapter Contact] _____ [Chapter Name] _____ American Red Cross [Street Address] _____ [City, State Zip Code] _____ E-mail Address _____ Fax Number _____	Send this completed form to the address on the left or the e-mail address or fax number below.	LEADER INFORMATION Leader Name _____ Leader Address _____ Street Address _____ City, State, Zip _____ Leader Telephone Number _____ Leader ID No. or Signature _____ Leader Unit of Authorization (If different from Chapter Information) _____ <input type="checkbox"/> Check here if new address or phone number for Leader
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AUTHORIZED PROVIDER INFORMATION	
Authorized Provider Name _____	Authorized Provider ID No. _____
Facility Name _____	Facility Address _____
Facility Phone _____	Street Address _____
	City, State, Zip _____

MODULE INFORMATION Provide the information requested below for each module taught.
 By submitting this form the leader acknowledges that the modules were taught according to American Red Cross standards.

Place a check under the module name. Use one row per module.									Number Enrolled	Number Attended	Start date	Completion Date	Name of Co-Leader	CHERS Class Number
Home Safety (31605)	General Caregiving Skills (31604)	Positioning & Helping Your Loved One Move (31603)	Assisting w/ Personal Care (31601)	Healthy Eating (31606)	Caring for the Caregiver (31602)	Legal and Financial Issues (31609)	Caring for a Loved One with Alzheimer's Disease or Dementia (31608)	Caring for a Loved One with HIV/AIDS (31607)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
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Family Caregiving Program Leader Activity Report (Form 6418(FC)), December 2003

General Directions

USE OF THIS FORM

This form is intended to be used only for those modules listed on this form. Other modules must be reported on the appropriate *Course Record* (Form 6418R) and *Course Record Addendum* (Form 6418AR). This form can be accepted by fax, e-mail or regular mail. This form should be completed within 10 working days of course completion.

RETURN COMPLETED FORM

Send the completed form to the location indicated on the form. If you do not have the address for the local chapter, you can call them or locate them on the Red Cross Web site at www.redcross.org under "Your Local Red Cross."

LEADER INFORMATION

Provide all the information requested. The "Leader ID Number" is provided by the Red Cross chapter you teach for and can be substituted for the signature when the form is forwarded by e-mail. Please check the box if the address or phone number provided is new.

AUTHORIZED PROVIDER INFORMATION

In this section provide the requested information. The Authorized Provider ID number is currently optional. Contact the local chapter to get the number and to see if it is needed for your facility.

MODULE INFORMATION

In this section provide the requested information for each module taught. **There is to be only one module per line.** Information on specific columns is below:

Place a check under the module name.

In the box under the module name and code place a check mark for the module taught. There should only be one check per line.

Number Enrolled

List the number of students enrolled on each module

Start Date and Completion Date

For the module checked, list the start and completion date.

Name of Co-Leader

If there was a co-leader, list that person's name next to the module.

CHERS Class Number

This space is for chapter use, and the chapter should enter the CHERS class number that is generated when the module is entered into CHERS.