**State of Nevada – DHHS-DO GMU Request for Applications – SFY 2016-2017**

**SERVICE MATRIX**

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| **TABLE ONE: PROPOSED SERVICES** |
|  | **A** | **B** | **C** | **D** |
|  | What are the primary services that will be provided with these funds | Provision Method | List service delivery components and briefly describe | Methods for verifying that services are meeting client needs |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |

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| **TABLE TWO: SUPPLEMENTAL SERVICES** |
|  | **A** | **B** | **C** | **D** |
|  | What are the supplemental services that your clients most frequently need | Provision Method | If the listed service is provided directly by your staff, what are the service delivery components | Methods for verifying that services are meeting client needs |
| 1 |       |       |       |       |
| 2 |       |       |       |       |
| 3 |       |       |       |       |
| 4 |       |       |       |       |
| 5 |       |       |       |       |

**See next page for definitions and instructions.**

**Instructions for Completing Service Matrix**

**Column A:** Table One – Use one or two words to describe the service(s) that will be supported by these funds (e.g., respite vouchers, rides, food box). Use a separate line for each service. If you plan to provide more than three services with these funds, choose the top three.

Table Two – Use one or two words to describe the supplemental service(s) that clients served by your proposed project most frequently need. List up to five. (See definition of “supplemental service” below.)

**Column B:** Enter “D” for direct if the service will be provided by staff of the proposed project or staff of another program within your agency. Enter “OWR” if the service will be provided through a one-way referral to another agency. Enter “RF” if the service will be provided through a referral to another agency with follow-up by your staff.

**Column C:** As briefly as possible, describe how the service will be delivered. For example, service might begin with an initial assessment, followed by development of a case plan, followed by referrals to other providers. You would then enter: Initial assessment, case plan, referrals.

**Column D:** Briefly describe how you know that services are meeting client needs (e.g., follow-up phone calls to clients, reassessments, post-service surveys).

**Definitions:** Supplemental Service – A service that clients who seek assistance through your proposed project typically need to address other issues. For example, a newly blind person who participates in a program designed to teach adaptive skills may also need help with transportation, finding health coverage or obtaining assistive technology in their home.