
CHAPTER 4

RESOURCE REPORT FORM

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Resource Report Form Overview

What is a Resource Report?

A **Resource Report** allows a state SHIP Director to report data on SHIP counselors, coordinators, and staff within their state.

Who submits a Resource Report form? How often must the form be completed?

Each SHIP Director must submit a Resource Report form by May 31, for the reporting period April 1 – March 31. Resource Report forms can be completed only by using the SHIPtalk NPR website (commonly referred to as the SHIP NPR website). Unlike the Client Contact and PAM forms, Resource Report forms cannot be uploaded using a proprietary data system.



Local agencies will not be able to submit a Resource Report form into the SHIP NPR website. The state SHIP office is responsible for consolidating any local agency Resource Report information into one single state-level Resource Report form, and for submitting this form into the SHIP NPR website.

What should I know before completing a Resource Report form?

It is important to be familiar with the following definitions before filling out a Resource Report form.

Active counselor: Individuals who provided counseling, information, or assistance related to Medicare or other health insurance for a SHIP during the 12-month reporting period. Active counselors include any temporary counselors or other counselors trained to provide assistance on specific topics (e.g., Medicare prescription drug coverage). These counselors may not have received the full initial training required for new SHIP counselors, but *must* be a SHIP registered counselor (they have signed some type of Counselor Agreement or Memorandum of Understanding (MOU) with the SHIP and they have signed a Confidentiality Agreement).



Do not count counselors who did not provide counseling during the reporting period, even if they were trained.

Coordinator or sponsor: An individual at a local or field who may do one or more of the following:

- Recruits, trains, supervises, or meets with counselors
- Provides administrative support (e.g., schedules meetings, provides travel reimbursements)
- Publicizes the SHIP program
- Oversees data reporting
- Distributes informational materials
- Conducts public and media activities such as presentations or health fairs



Do not include individuals/organizations who:

- Only provide meeting or office space
- Contribute no time to the SHIP program
- Provide the same services as a SHIP coordinator for another similar program that is not considered part of the SHIP program

Counselor hours: The total number of hours the counselors contributed to the SHIP program counseling or working directly on behalf of clients.

This includes the total number of hours spent on the following activities to resolve clients' issues:

- counseling,
- researching,
- referring,
- advocating (calling agencies on the client's behalf),
- trying to reach the client,
- waiting to meet with a client,
- traveling,
- preparing materials to send to the client, and
- completing paperwork/forms to report the client contact.

In-kind paid counselors: Individuals who provided SHIP counseling during the reporting period; were registered SHIP counselors who were trained and have signed some type of Counselor Agreement or MOU. They received compensation for their time and services from a program other than SHIP.

Local and field sites: Locations outside the state SHIP office where counselors, coordinators/sponsors, other SHIP staff, or volunteers may be based and/or provide counseling. A local/regional SHIP program may serve one or more cities/counties and may be located in a local hospital, Retired Seniors Volunteer Program (RSVP), senior center, Area Agency on Aging, Senior Information and Referral program, senior legal services program, library, or an independent nonprofit agency. Counselors (volunteer or paid) and other personnel who are based in these local or field sites should be counted in the "All Other Local and Field Sites" columns in *Section 1 Number of Active Counselors and Hours as of March 31* and *Section 3 Number of Other Paid and Volunteer Staff and Hours as of March 31* of the Resource Report form.

Other volunteer staff: Volunteers who performed other functions for the SHIP aside from the counselor and coordinator functions described above. Examples of other volunteer staff include volunteers who assisted with data entry, marketing or administrative duties, or served as receptionists, and trainers. These types of volunteer staff can work in the state office or at local/field sites.

Other paid staff: Individuals who performed other functions for the SHIP aside from the counselor and coordinator functions described above. Examples of other paid staff include state project directors, trainers, receptionists, and administrative staff. These types of paid staff can work in the state office or at local/field sites.

SHIP-paid counselors: The number of individuals who:

- provided SHIP counseling hours during the reporting period, AND
- received any compensation for their time and services from the SHIP program, regardless of whether their salary was funded by CMS, the state, or some other funding agency.

State SHIP office: The central office for the SHIP program, where the state SHIP director, trainers, administrative staff, and/or state toll-free Help Desk counselors are usually based. These personnel provide counseling to clients from the entire state, not necessarily from only one area or region of the state. Counselors (volunteer or paid) and other personnel who are based in the state office should be counted in the “State Office” columns in *Section 1* and *Section 3* of the Resource Report form.

Volunteer counselors: The number of individuals who provided SHIP counseling hours during the reporting period and were registered volunteer counselors. They were trained and have signed some type of Counselor Agreement or Memorandum of Understanding (MOU). They did not receive paid compensation for their time or services but may have received travel reimbursement.

Open a Resource Report Form

You must be logged in to the SHIP NPR website (<https://shipnpr.shiptalk.org>) to enter a Resource Report form.

Once you log in to the SHIP NPR website, click on the light blue “RR” button at the top of the screen. This directs you to the “Search Resource Report” screen (see below).

This screen allows you to complete the following tasks:

- A. [Add a New Resource Report Form](#)
- B. [Look up a Previous Resource Report Form](#)
- C. [Edit a Previously Entered Resource Report Form](#)
- D. [Delete a Resource Report Form](#)

A. Add a New Resource Report Form

Once you log in to the SHIP NPR website, click on the light blue “RR” button at the top of the screen. This directs you to the “Search Resource Report” screen.



If you receive an “Unauthorized access” message when you click on the “RR” button, your SHIP NPR account was not given the necessary level of permissions to fill out a Resource Report forms. Only the state SHIP Director and state administrators can submit Resource Report forms.

To enter a new Resource Report form, click on the “Enter Year” dropdown menu and select the year for which you wish to enter a Resource Report. For example, to fill out a form for April 2011 through March 2012, select “2011”. Next, click the “Add Resource Report” button located at the right side of the webpage. This directs you to a new Resource Report form.

B. Look Up a Previous Resource Report Form

Once you log in to the SHIP NPR website, click on the light blue “RR” button at the top of the screen. This directs you to the “Search Resource Report” screen.

To locate a previous Resource Report form for your state, click on the “Enter Year” dropdown menu and select the year for which you want to search. For example, if you want to view the Resource Report that was submitted for the period April 2010 through March 2011, you would select “2010” in the dropdown menu. Next, click the “Search” button. The result(s) will display below.

When you locate the Resource Report, click on the link underneath “Report Year” if you want to view the record but not make any changes to it.

C. Edit a Previous Report Form

Once you log in to the SHIP NPR website, click on the light blue “RR” button at the top of the screen. This directs you to the “Search Resource Reports” screen.

Occasionally, a SHIP Director or state administrator may need to edit a previously submitted Resource Report form. For example, you may need to modify a record if you discover that something was incorrectly entered. You may edit the form before the May 31 deadline. If you need to modify the Resource Report form after the deadline due to an error or missing data, contact the SHIP NPR Help Desk for guidance.

To edit a previously submitted Resource Report form, you must first locate it using the instructions in [Look up a Previous Resource Report Form](#). Once you locate the record, click the “Edit” link next to the record. This directs you to the previously entered form. Once you make changes to the form, scroll to the bottom of the form and click “Save”. The submitted form will display on the next screen.

D. Delete a Resource Report Form

Once you log in to the SHIP NPR website, click on the light blue “RR” button at the top of the screen. This directs you to the “Search Resource Reports” screen.

Occasionally, a SHIP Director or state administrator may wish to delete a previously submitted Resource Report form. This may occur if a duplicate form is submitted accidentally or if it is discovered prior to the May 31 reporting deadline that a previously submitted form contains a large amount of incorrect data and it would take longer to edit it than it would to fill out a new form.

To delete a previous Resource Report form, you must first locate it using the instructions in [Look up a Previous Resource Report Form](#). Once you locate the record, click the “Delete” link next to the record. The following message will display in red on the screen: “Report has successfully been deleted”. Once a form is deleted, it cannot be retrieved.

Fill Out a Resource Report Form

An item marked with an * indicates a required field.

12 Month Period for This Report

The dropdown menus will automatically display the beginning and end year of the annual reporting period. You can use the dropdown menus to select a different period if they are incorrect.

State Code

The code for your state will automatically display in this field.

State Grantee Name

Enter the name of the state SHIP office in this box.

Person Completing the Report

Your first and last name will automatically display in this box.

Title

Enter your title in this box.

Telephone Number

Your phone number will automatically display in this box.

Section 1 – Number of Active Counselors and Hours as of March 31

Section 1 Number of Active Counselors And Hours As of 31 March			
	State Office	All Other Local and Field Sites	Total
A. Number of Volunteer Counselors	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Number of SHIP-Paid Counselors	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Number of In-Kind-Paid Counselors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Counselors - A+B+C	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Volunteer Counselor Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. SHIP-Paid Counselor Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. In-Kind-Paid Counselors Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Counselors Hours - D+E+F	<input type="text"/>	<input type="text"/>	<input type="text"/>



Refer to [What should I know before completing a Resource Report form?](#) for the definition of “active counselor”.

Enter values for rows A, B, C, D, E, and F into the first two columns for “State Office” and “All Other Local and Field Sites”. The “Total” column and “Total” rows will calculate automatically. All fields are required. The numeric value “0” is an acceptable entry.

The number of individuals working or volunteering for a SHIP may be counted more than once since some coordinators or staff also provides counseling. If this is the case, include these individuals in both the counselor section (*Section 1- rows A, B, C*) and the coordinator section (*Section 2- rows A, B, C*). **It is important that you do not double count their hours** by mistakenly including total hours in both *Section 1* (rows D, E, or F) and *Section 2* (rows D, E, or F). Estimate the hours an individual provides toward counseling separate from the hours spent on other tasks such as coordinating a program.

Example: If an individual spends 8 hours per week counseling and the remaining 32 hours per week performing SHIP coordinator functions:

Section 1 (rows D, E, or F) = 416 hours (8 hours x 52 weeks)

Section 2 (rows D, E, or F) = 1664 hours (32 hours x 52 weeks)

A. Number of Volunteer Counselors (REQUIRED)

This refers to the number of individuals who:

- Provided SHIP counseling during the reporting period; **AND**
- Were registered volunteer counselors. They have signed some type of Counselor Agreement or MOU and Confidentiality Statement); **AND**
- Did not receive paid compensation for their time or services but may have received travel reimbursement

Volunteer counselors can also include local/area coordinators/sponsors if they provided SHIP counseling **AND** were not paid by the SHIP.

B. Number of SHIP Paid Counselors (REQUIRED)

This refers to the number of individuals who:

- Provided SHIP counseling during the reporting period; **AND**
- Received any compensation for their time and services from the SHIP, regardless of whether their salary was funded by CMS, the state, or some other funding agency

Examples of SHIP paid counselors include state project directors, receptionists, telephone operators, and paid local/regional coordinators/sponsors, as long as they provided counseling during the reporting period as part of their normal duties.

C. Number of In-kind Paid Counselors (REQUIRED)

This refers to the number of individuals who:

- Provided SHIP counseling during the reporting period; **AND**
- Were registered SHIP counselors who have signed some type of Counselor Agreement or MOU and Confidentiality Statement; **AND**
- Received compensation for their time and services from a program other than SHIP

Examples of in-kind paid counselors include RSVP staff, hospital staff, senior center staff, Senior Information and Referral Staff, Area Agency on Aging staff and outreach social workers, who may or may not also be local/regional coordinators/sponsors.

D. E. F. Counselor Hours (Volunteer, SHIP Paid, In-kind) (REQUIRED)

Use the corresponding boxes (*D*, *E*, *F*) to record the number of hours that the SHIP counselors (volunteer, SHIP-paid, and in-kind counselors) contributed to SHIP program counseling or to working directly on behalf of clients. This includes the total number of hours spent on the following activities to resolve clients' issues:

- Counseling
- Researching
- Referring
- Advocating (calling agencies on the client's behalf)
- Attempts to reach the client that result in a successful contact
- Waiting to meet with a client
- Travel time to the client
- Preparing materials to send to the client
- Collecting paperwork/forms to report the client contact

Section 2 – Number of Local Coordinators/Sponsors and Hours as of March 31

Section 2 Number of Local Coordinators / Sponsors and Hours As of 31 March	
	Total
A. Number of Volunteer (Unpaid) Coordinators	<input type="text"/>
B. Number of SHIP-Paid Coordinators	<input type="text"/>
C. Number of In-Kind-Paid Coordinators	<input type="text"/>
Total Number of Coordinators - A+B+C	<input type="text"/>
D. Volunteer (Unpaid) Coordinator Hours	<input type="text"/>
E. SHIP-Paid Coordinator Hours	<input type="text"/>
F. In-Kind-Paid Coordinator Hours	<input type="text"/>
Total Coordinator Hours - D+E+F	<input type="text"/>



Refer to [What should I know before completing a Resource Report form?](#) for the definition of “active counselor”.

Enter values for rows A, B, C, D, E, and F. The “Total” row will calculate automatically. All fields are required. The numeric value “0” is an acceptable entry.

The number of individuals working or volunteering for a SHIP may be counted in more than one section since some coordinators or staff also provides counseling. For example, if an individual provides counseling, he or she can be counted in *Section 1- Number of Active Counselors and Hours as of March (Section 1- rows A, B, and C)* and *Section 2 Number of Local Coordinators/Sponsors and Hours as of March 31 (Section 2- rows A, B, and C)*. **It is important that you do not double count their hours** by mistakenly including total hours in both *Section 1 (rows D, E, or F)* and *Section 2 (rows D, E, or F)*. Estimate the hours an individual provides toward counseling separate from the hours spent on other tasks such as coordinating a program.

Example: If an individual spends 8 hours per week counseling and the remaining 32 hours per week performing SHIP coordinator functions:

Section 1 (rows D, E, or F) = 416 hours (8 hours x 52 weeks)

Section 2 (rows D, E, or F) = 1664 hours (32 hours x 52 weeks)

A. Number of Volunteer (Unpaid) Coordinators (REQUIRED)

This refers to the number of individuals who:

- Performed the SHIP coordinator functions defined earlier; **AND**
- Did not receive compensation for their time and services (they may have received travel reimbursement).

B. Number of SHIP Paid Coordinators (REQUIRED)

This refers to the number of individuals who:

- Performed the SHIP coordinator functions defined earlier; **AND**
- Received compensation for their time from the SHIP program, regardless of whether their salary was funded by CMS, the state, or some other funding agency.

C. Number of In-Kind Paid Coordinators (REQUIRED)

This refers to the number of individuals who:

- Performed the SHIP coordinator functions defined earlier **AND**
- Received compensation from a program other than SHIP

Examples of in-kind paid coordinators include RSVP paid staff, hospital staff, senior center staff, Senior Information and Referral staff, Area Agency on Aging staff, and outreach social workers.

D. Volunteer (Unpaid) Coordinator Hours (REQUIRED)

This refers to the total number of hours the volunteer (unpaid) coordinators (counted in row *A*) contributed to the SHIP program while performing the functions of a coordinator, as defined earlier.

E. SHIP Paid Coordinator Hours (REQUIRED)

This refers to the total number of hours the SHIP-paid coordinators (counted in row *B*) contributed to the SHIP program while performing the functions of a coordinator as defined earlier.

F. In-kind Paid Coordinators Hours (REQUIRED)

This refers to the total number of hours that the in-kind paid coordinators (counted in row *C*) contributed to the SHIP program while performing the functions of a coordinator as defined earlier.

Section 3 – Number of Other Paid and Volunteer Staff and Hours as of March 31

Section 3 Number of Other Paid and Volunteer Staff And Hours As of 31 March			
	State Office	All Other Local and Field Sites	Total
A. Number of Volunteer Other Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
B. Number of SHIP-Paid Other Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
C. Number of In-Kind-Paid Other Staff	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Other Staff - A+B+C	<input type="text"/>	<input type="text"/>	<input type="text"/>
D. Volunteer Other Staff Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
E. SHIP-Paid Other Staff Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
F. In-Kind-Paid Other Staff Hours	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Other Staff Hours - D+E+F	<input type="text"/>	<input type="text"/>	<input type="text"/>



Refer to [What should I know before completing a Resource Report form?](#) for the definition of “active counselor”.

Enter values for rows A, B, C, D, E, and F into the first two columns for “State Office” and “All Other Local and Field Sites”. The “Total” column and “Total” rows will calculate automatically. All fields are required. All fields are required. The numeric value “0” is an acceptable entry.

A. Number of Volunteer Other Staff (REQUIRED)

This refers to the number of individuals who

- Performed the functions of other volunteer staff (as defined earlier); **AND**
- Did not receive compensation for their time and services. They may have received travel reimbursement.

Examples of other volunteer staff include volunteers who assisted with data entry, marketing or administrative duties, or served as receptionists, and trainers.

B. Number of SHIP Paid Other Staff (REQUIRED)

This refers to the number of individuals who:

- Performed the functions of other paid staff (as defined earlier); **AND**
- Received compensation for their time and services from the SHIP program, regardless of whether their salary was funded by CMS, the state, or some other funding agency

Examples of other SHIP paid staff include state project directors, trainers, receptionists, and administrative staff. These types of paid staff can work in the state office or at local/field sites.

C. Number of In-kind Paid Other Staff (REQUIRED)

This refers to the number of individuals who:

- Performed the functions of other paid staff defined earlier; **AND**
- Received compensation for their time and services by a program other than SHIP

Examples of in-kind paid other staff include RSVP paid staff, hospital staff, senior center staff, Senior Information and Referral staff, Area Agency on Aging staff, and outreach social workers.

D. Volunteer Other Staff Hours (REQUIRED)

This refers to the total number of hours that the volunteer other staff (counted in row *A*) contributed to the SHIP program in activities defined in [What should I know before completing a Resource Report form](#).

E. SHIP Paid Other Staff Hours (REQUIRED)

This refers to the total number of hours that the SHIP-paid other staff (counted in row *B*) contributed to the SHIP program in activities defined in [What should I know before completing a Resource Report form](#).

F. In-kind Paid Other Staff Hours (REQUIRED)

This refers to the total number of hours that the in-kind paid other staff (counted in row *C*) contributed to the SHIP program in activities defined in [What should I know before completing a Resource Report form](#).

Section 4 – Counselor Trainings

Section 4 Counselor Trainings	
	Total
A. Number of Initial Trainings for New SHIP Counselors	<input type="text"/>
B. Number of New SHIP Counselors Attending Initial Trainings	<input type="text"/>
C. Total Number of Counselor Hours in Initial Trainings	<input type="text"/>
D. Number of Update Trainings for SHIP Counselors	<input type="text"/>
E. Number of SHIP Counselors Attending Update Trainings	<input type="text"/>
F. Total Number of Counselor Hours in Update Trainings	<input type="text"/>

Enter values for rows A, B, C, D, E, and F. All fields are required. The numeric value “0” is an acceptable entry.

A. Number of Initial Trainings for New SHIP Counselors (REQUIRED)

This refers to the total number of initial training sessions held throughout the state during the annual reporting period for new counselors (including volunteer or paid counselors). Initial trainings that last several days should be counted as one training.

Example: If 20 local sites in the state conduct one initial training each during the annual reporting period, you would report 20 trainings in the box provided. If 4 local sites hold 2 initial trainings each, you would report 8 initial trainings.

B. Number of New SHIP Counselors Attending Initial Trainings (REQUIRED)

This refers to the total number of new counselors (including volunteer or paid counselors) who attended an initial training session for new counselors.

C. Total Number of Counselor Hours in Initial Trainings (REQUIRED)

To calculate this number, multiply the number of counselors who attended initial training (counted in row *B*) with the number of hours of the initial training session.

Example: If 10 counselors attended a 2-day initial training session (totaling 16 hours), report 160 total counselor hours ($10 \times 16 = 160$) in initial training.

D. Number of Update Trainings for SHIP Counselors (REQUIRED)

This refers to the total number of update training sessions held throughout the state during the annual reporting period for counselors (including volunteer and paid counselors). An update training includes regular meetings or training sessions during which counselors are given updates on topics including but not limited to: Medicare changes, health insurance plan choices, counselor skills development, and SHIP program procedures. Update trainings that last several days should be counted as one training.

Example: If 20 local sites in the state conduct 1 update training each during the annual reporting period, you would report 20 update trainings. If 4 local sites hold 2 update trainings each, you would report 8 update trainings.

E. Number of SHIP Counselors Attending Update Trainings (REQUIRED)

This refers to the total **unduplicated** number of counselors (including volunteer and paid counselors) who attended at least one update training during the full 12-month reporting period. Do not count a counselor more than once, even if he or she attended multiple update trainings. The number entered in this field cannot exceed the total number of counselors for the state.

F. Total Number of Counselor Hours in Update Trainings (REQUIRED)

To calculate this number, multiply the number of counselors who attended update training (counted in row *E*) with the number of hours of the update training session.

Example: If 10 counselors attend a 2-hour update training session, you would report 20 total counselor hours in update training ($10 \times 2 = 20$). If 3 meetings are held, during which you spend 30 minutes on updates, and 10 counselors attend each meeting, you would report 15 counselor hours in update training ($3 \times 0.5 \text{ hours} \times 10$ OR $10 \times 1.5 \text{ hours} = 15$).

Section 5 – Number of Total Active Counselors (SHIP-Paid, In-Kind Paid, and Volunteer) with the Following Characteristics

Section 5					
Number of Total Active Counselors (SHIP-Paid, In-Kind-Paid and Volunteer Counselors) with the Following Characteristics					
Years of SHIP Service		Counselor Race - Ethnicity		Counselor Disability	
Less Than 1 Year	<input type="text"/>	Hispanic, Latino, or Spanish Origin	<input type="text"/>	Disabled	<input type="text"/>
1 Year Up to 3 Years	<input type="text"/>	White, Non-Hispanic	<input type="text"/>	Not Disabled	<input type="text"/>
3 Years Up to 5 Years	<input type="text"/>	Black, African American	<input type="text"/>	Not Collected	<input type="text"/>
More Than 5 Years	<input type="text"/>	American Indian or Alaska Native	<input type="text"/>	Counselor Speaks Another Language	
Not Collected	<input type="text"/>	Asian Indian	<input type="text"/>	Language Other than English	<input type="text"/>
Counselor Age		Chinese	<input type="text"/>	English Speaker Only	<input type="text"/>
Less Than 65 Years of Age	<input type="text"/>	Filipino	<input type="text"/>	Not Collected	<input type="text"/>
65 Years or Older	<input type="text"/>	Japanese	<input type="text"/>		
Not Collected	<input type="text"/>	Korean	<input type="text"/>		
Counselor Gender		Vietnamese	<input type="text"/>		
Female	<input type="text"/>	Native Hawaiian	<input type="text"/>		
Male	<input type="text"/>	Guamanian or Chamorro	<input type="text"/>		
Not Collected	<input type="text"/>				

Use this section to record data on characteristics for all active counselors who were counted in *Section 1* of the Resource Report form. Be sure to use the “Not Collected” boxes under each characteristic to record the number of counselors for whom information on specific characteristics is not known.

If the totals for a characteristic block are too low compared to the total counselor count in *Section 1*, an error message will appear at the top of the data entry screen that tells you where the error occurred. All error messages must be corrected before you can submit the Resource Report form.

Years of SHIP Service (REQUIRED)

Use the corresponding boxes to record the number of counselors who—at the end of the 12-month reporting period—had participated in the SHIP program for less than 1 year, 1 to 3 years, 3 to 5 years, and over 5 years, as well as the number of counselors for whom this information is not known (Not Collected).

Counselor Age, Gender, Race/ethnicity, Disability Status, Language (REQUIRED)

Use the corresponding boxes to record the number of counselors with each characteristic, as well as the number of counselors for whom this information is not known (Not Collected).



The number of counselors with each characteristic plus the number for whom this information is not known (not collected) should equal the total number of counselors recorded in *Section 1 Number of Active Counselors and Hours as of March 31* of the Resource Report form. This includes any individuals who provided counseling (volunteers, staff paid by SHIP, or in-kind staff), who may or may not have also performed other duties for the SHIP (e.g., coordinator, project director, trainer, and receptionist.).

Save the Resource Report Form

Upon completing the Resource Report form, click “Save” at the bottom of the form to save the record. When you successfully save the form, the saved record will display on the screen. If you need to edit the Resource Report form that you just saved, click the “Edit” button located to the right of the page.

It is especially important that the total number of counselors entered within each characteristic block in *Section 5* add up to the total number of counselors entered in *Section 1*. If the totals do not match, you will receive an error message when you click “Save”. Error messages will display at the top of the screen and will indicate where the error(s) occurs. Fix the error(s) and resave the form by clicking the “Save” button at the bottom of the page.