

YOUR AAA  
LOGO

Your COG/United Way Program  
AAA of \_\_\_\_\_  
Your Name \_\_\_\_\_  
Address of AAA \_\_\_\_\_  
Business Phone \_\_\_\_\_  
Fax Phone \_\_\_\_\_  
Your E-mail \_\_\_\_\_

**LEGAL AWARENESS ACTIVITY REPORT**

**Location:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Date & Time:** \_\_\_\_\_

**Topic:** \_\_\_\_\_

**Target Audience:** \_\_\_\_\_

**Number of Attendees (include sign-in sheet)      See attachment**

**Briefly describe the type of presentation and include the form of media used, such as speech, audio/visual materials or other resources used.**

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**I certify that the above information is correct and that the above referenced activity(ies) meets the definition of the provision of Legal Awareness (the dissemination of accurate, timely and relevant information, eligibility criteria, requirements and procedures, to older Texans about public entitlement, health/long term care, individual rights, planning/protection options, and housing and consumer issues). If applicable, please attach a copy of the information disseminated.**

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**Staff Presenter/Volunteer**

For Office Use Only	
AAA Staff Initials: _____	_____
Date: _____	Units: _____