

SOCIAL SERVICES COMMITTEE

October 23, 2009

AGENDA

Motion to accept minutes of previous meeting (9/25/09)

1. Overtime Report
2. Budget status report.
3. We have received a resignation from Pam Combs effective 10/09/09. I am requesting permission to fill her Social Welfare Examiner position and any vacancies as a result. This position is 100% reimbursed.
4. We have received a resignation from Leslie Arone effective 10/16/09. I am requesting permission to fill her Caseworker position and any vacancies as a result. This position is funded at 80%.
5. We have received a resignation from Christina Lamora effective 11/2/09. I am requesting to fill her Social Welfare Examiner position and any vacancies as a result. This position is reimbursed at 59%.
6. We have received a resignation from our other Veterans Van Driver. I am requesting to fill that position effective 12/19/09.
7. There was a caseworker vacancy on my organizational chart that I neglected to complete the paperwork for. It is reimbursed at least 65%. It is in the preventive unit and we just cut a preventive contract for \$172,488.00 with Northeast as well.
8. FYI – We received an additional allocation for Food Stamp Employment and Training that is 100% federally funded in the amount of \$8,390.

9. Request permission to have staff attend the following training:
 - a. Hot topics in Elder law in Albany on December 2, 2009
 - b. CW/CPS Common Core in Albany for three staff on 12/1 – 12/4/09, 12/14 – 12/18/09, ¼ - 1/8/10 and 1/20 – 1/22/10.
10. We received bids for the Whitney Young transportation. The low weekly bid was awarded to Tri-County Cab at a cost of \$840.00 per week for 6 days of transportation. We are now only transporting 4 people.
11. FYI - We received approval for Transitional Jobs Program plan for \$57,160.00, of this \$5,631.25 will be retained by Social Services and the remainder will go to CWI for subsidized employment.
12. Our reimbursement for Title IV-E Foster Care Maintenance and Adoption Subsidy has increased from 50% to 56.2%. I am assuming that this is because NYS passed the Title IV-E Federal Audit.
13. Request a resolution for transfer of funds from contracts to hospitalization in the amount of \$154,300.00.
14. Request resolution to amend the county budget for the amount of \$350,000.00. This is 100% reimbursed.

Overtime Report

Pay period ending 10/12/09

CPS after-hours	33.1
CPS Backlog	2.2
Foster Care after hours	<u>18.4</u>
	53.7

Pay period ending 9/27/09

CPS after-hours	16.4
CPS Backlog	7.55
SCU OT	3
Foster Care after hours	<u>23.9</u>
	50.85

Pay period ending 9/13/09

CPS after-hours	31.2
CPS Backlog	15
Foster Care after hours	1
TA OT	<u>12.9</u>
	60.1

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Social Welfare Examiner

Base salary \$29,199

Budget code and title A. 6010 40.03

This position is vacated due to: Retirement Resignation Termination

Employee No. 10804

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services

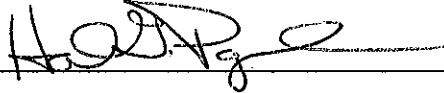
Date 9/30/09

The Commissioner has no objection to the filling of the vacancy.

10/23/09

The Commissioner objects to the filling of the vacancy.

Commissioner Signature



SUPERVISORY COMMITTEE COMPLETES THIS SECTION

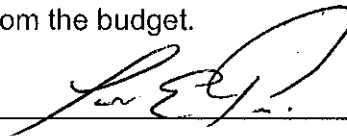
Name of Committee Social Services

Date 9/30/09 10/23/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature



PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Caseworker

Base salary \$34,178

Budget code and title A. 6010 40.01

This position is vacated due to: Retirement Resignation Termination

Employee No. 8272

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services

Date 10/5/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature Harold Payne

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services

Date 10/05/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature [Signature]

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Social Welfare Examiner

Base salary \$29,199

Budget code and title A. 6010 40.01

This position is vacated due to: Retirement Resignation Termination

Employee No. 11578

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

Name of Committee Social Services

Date ~~9/30/09~~

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature

H. W. Payne

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services

Date ~~9/30/09~~

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature _____

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

This notice of intent is filed whenever a department head plans to fill an existing funded position in their budget that is vacated due to a retirement, resignation or termination. This notice may not be used for requests to create a new position. For complete instructions on the procedure to be followed, see the reverse of this form.

DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services

Title of Position Van Driver

Base salary \$22,897

Budget code and title A. 6010 110 40.03

This position is vacated due to: Retirement Resignation Termination

Employee No. 10644

COMMISSIONER OF ADMINISTRATIVE & FISCAL SERVICES COMPLETES THIS SECTION

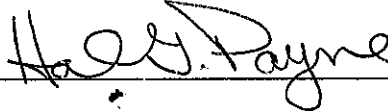
Name of Committee Social Services

Date 10/14/09

The Commissioner has no objection to the filling of the vacancy.

The Commissioner objects to the filling of the vacancy.

Commissioner Signature



SUPERVISORY COMMITTEE COMPLETES THIS SECTION

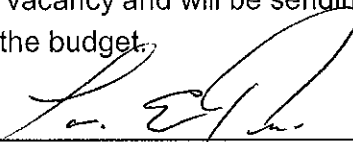
Name of Committee Social Services

Date 10/14/09

The committee has no objection to the filling of the vacancy.

The committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature



PERSONNEL COMMITTEE COMPLETES THIS SECTION

Date

The Personnel Committee has no objection to the filling of the vacancy.

The Personnel Committee objects to the filling of the vacancy and will be sending a resolution to the full board to have the position removed from the budget.

Ranking Committee Member Signature

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Social Services

DATE: September 29, 2009

- (a) Title of Requested Position: Caseworker
- (b) Annual **Base** Salary (and Grade if Applicable): \$34,178.00
- (c) Effective Date for New Position:* 11/1/09
*Please do not backdate unless the purpose is to correct an error.
- (d) List Any Position in the Department=s Table of Organization Being Deleted as a Result of this Request: (Include annual salary and grade if applicable):
- (e) Where are Funds in the Budget for this Position? List Budget Code (with title), Object Code (with title), and Amount: 40.01 A. 6010
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.) Yes
- (g) Is this a mandated position? If so, please explain: Yes, we need to have caseworkers to provide mandated preventive services
- (h) Is there expected revenue from this position? If so, please explain: No

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Harold B. MGee
(Supervisory Committee) (Employee Name)

to attend Hot Topics In Elder Law
(Name of meeting or organization)

at New York State Nurse's Association
(Address)

on 12/2/09. Mode of transportation to be used N/A
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA * Rate \$ _____
- Meal costs - GSA *per diem rate \$ \$ \$13.00 per day/ lunch only

* www.gsa.gov

Date: _____

Date: _____

Department Head Signature


Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Hot Topics in Elder Law

(A)

10-9
PMT COMM - WILL

Seminar #0847

7.5 MCLE Credits

Why Attend?

- The Settlement of a personal injury case has significant Medicare, Medicaid, tax and other issues which must be addressed and this program will cover the interplay of those issues.
- Learn the interrelationship between law suit recoveries and eligibility for government entitlement.
- Stay current on the significant changes have been made to the law affecting personal injury practice and the settlement of cases.
- Learn about issues in drafting and administration of Special Needs Trusts
- On September 1, 2009, a new Power of Attorney statute went into effect, making significant changes to the Power of Attorney law
- Learn about major revisions to the rules pertaining to attorney ethics, with particular emphasis on the application of the new Rules to elder law practice.

Who Should Attend?

- Elder Law Attorneys, especially those who represent persons with disabilities
- Personal Injury Attorneys
- General Practitioners
- Trusts and Estates Attorneys

This program will examine issues which are unique to the settlement of a personal injury case and the establishment, funding and administration of special needs trusts. The program will also cover recent adoption of the new Rules of Professional Conduct as well as the new Power of Attorney statute.

FIN & EGT -

Program Overview

MEDICAID ISSUES

- Medicaid Claims: negotiating with DSS; obtaining claim detail report
- Allocation of Medical expenses; update on Ahlborn Medicaid payback upon death of beneficiary of SNT

OTHER LIENS AND CLAIMS

- Medicare claims and Medicare set-aside allocations
- Workers Compensation claims
- ERISA claims
- Equitable subrogation for private health insurers

CASE SETTLEMENT ISSUES

- Understanding and evaluating structured settlements
- Taxation of litigation proceeds
- Qualified settlement funds
- Wrongful death settlements

PRESERVING BENEFITS

- Self-Settled Special Needs Trusts: issues in drafting and administration
- POMS update regarding Self-Settled Trusts
- Effect of trusts on benefits other than Medicaid

NEW POWER OF ATTORNEY STATUTE

- Overview of new law
- Use of old form and transition to new form
- Major gift rider
- Duty and liability of attorneys-in-fact
- Revocation
- How to draft and use the new form in elder law planning
- Ethical issues including capacity and conflict

HEALTH CARE ISSUES - UPDATE ON ADVANCED DIRECTIVES

- New medical orders for Life Sustaining Treatment Statute
- Recent cases and legislative initiatives involving medical decision making
- Disposition of remains —an update

ETHICS

- New Rules of Professional Conduct —overview
- Adoption of Commentaries
- Application of new Rules and Commentary to elder law practice

MHC & RELATIVE
MHC & BENEVOLENT

Program Faculty

Overall Planning Chairs

Cora A. Alsante, Esq.
Hancock & Estabrook LLP
—Syracuse, New York

Bernard A. Krooks, Esq.
Littman Krooks LLP
—New York City and White Plains

Local Panels

Albany:
Timothy E. Casserly, Esq., (Chair)
Burke & Casserly, PC
—Albany, New York

Long Island:
Joan L. Robert, Esq., (Chair)
Kassoff, Robert & Lerner LLP
—Rockville Centre, New York

New York City:
Bernard A. Krooks, Esq., (Chair)
Littman Krooks LLP
—New York, New York

Rochester:
Cora A. Alsante, Esq., (Chair)
Hancock & Estabrook LLP
—Syracuse, New York

Westchester:
Frances M. Pantaleo, Esq., (Chair)
Walsh Amicucci & Pantaleo LLP
—Purchase, New York

7.5 Total MCLE Credits ... 7.5
Ethics MCLE Credits ... 1.0

Can't Attend?

The program materials and recording are available 10-12 weeks after live program. Please call our Registrar (1-800-582-2452) for more detailed information.

Prices for audios and online are generally the same as the live program's registration fee; prices for videos are slightly higher than the live program's registration fee. Prices for written materials for MCLE credit are generally \$85 for members and \$160 for non-members, but may vary.

Elder
Law

When & Where

9:00 a.m. – 4:50 p.m.

- Wednesday, December 2, 2009**
New York State Nurses
Association
Albany
- Wednesday, December 2, 2009**
New York Marriott -
East Side
New York City
- Friday, December 4, 2009**
Holiday Inn Rochester
Airport
Rochester
- Wednesday, December 9, 2009**
Westchester Marriott
Westchester
- Thursday, December 10, 2009**
Melville Marriott
Long Island

Registration Fees

Early Registration –

received or postmarked 10 days
prior to the date of the session
for which you register:

NYSBA Members	\$150
Non-Members	\$255
NYSBA Student Members	\$45

Late Registration –

received or postmarked thereaf-
ter, and on-site registration:

NYSBA Members	\$165
Non-Members	\$250
NYSBA Student Members	\$60

To Register: www.nysba.org/cle phone 1-800-582-2452 / fax 1-518-487-5618

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
 Out-Of State (needs Board resolution)

The Social Services Committee hereby authorizes Deanna Park, Christina Lamora and Kyle Depew
(Supervisory Committee) (Employee Name)

to attend CW/CPS Common Core Training
(Name of meeting or organization)

at CDHS Marcus Blvd., Albany, NY (Hotel is Holiday Inn Turf Wolf Rd. Albany)
(Address)

on 12/1-12/4/09, 12/14-12/18/09, 1/4-1/8/10, and 1/20-1/22/10 Mode
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is **not** a county vehicle or mass transportation, please explain: Per the discretion of the Commissioner

Proper documentation must be attached when submitting for approval.
(Please check documents attached)

- Notice of meeting or convention including cost.

For Overnight Travel

Room rate \$ \$50.00 per night GSA * Rate \$ _____

Meal costs - GSA *per diem rate \$ \$ \$13.00 per day/ lunch only

* www.gsa.gov

Date: _____

Department Head Signature

Date: _____

Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.

4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.

Training Announcement			
Training Title			
TS: CW/CPS Common Core Training DD			
Attachments - click to view			
166420_166421 Alb DD.TravelPolicy.pdf			
166420_Albany - DD.pdf			
166420_Registration_Form.pdf			
Provider			
SUC Buffalo - CDHS			
Date & Time	Location	Registration Deadline	Hotel
11/23/2009 - 12/31/2009 09:00 AM to 04:30 PM	TrainingSpace.org located at: TrainingSpace.org, Albany 00000-	11/09/2009	not defined, Albany 00000-0000 Phone: (000) 000- 0000
11/23/2009 09:30 AM to 03:30 PM	Virtual Classroom		
12/01/2009 - 12/04/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458- 7250
12/05/2009 - 12/31/2009 09:00 AM to 04:30 PM	TrainingSpace.org located at: TrainingSpace.org, Albany 00000-		not defined, Albany 00000-0000 Phone: (000) 000- 0000
12/14/2009 - 12/18/2009 09:00 AM to 04:30 PM	CDHS - Albany Regional Office 3 Marcus Blvd. Room: Carol Clayton , Albany 12205-1129		Holiday Inn - Albany (Turf) 205 Wolf Road, Albany 12205-0000 Phone: (518) 458- 7250
12/19/2009 - 12/31/2009 09:00 AM to 04:30 PM	TrainingSpace.org located at: TrainingSpace.org, Albany 00000-		not defined, Albany 00000-0000 Phone: (000) 000- 0000
12/28/2009 09:30 AM to 03:30 PM	Virtual Classroom		
12/29/2009 09:30 AM to 03:30 PM	Virtual Classroom		
Training Description			
<p>This program is designed to build caseworkers' competencies by providing them with the knowledge and skills necessary to work effectively with children and families to achieve the child welfare outcomes of safety, permanency, and well-being.</p> <p>The summary below identifies steps involved in completing the training program beginning with the pre-core conference, the on-the-job/field training, through the mid and post-core conferences.</p> <p>Beginning November 16, 2009 two weeks prior to the classroom training, the trainers, the trainees, their supervisors, and staff development coordinators will participate in a pre-core conference. The conference will be conducted in person at the agency. During the conference, trainers will provide detailed information and expectations for participation in the training. Access to internet is required for participation in computer-based trainings.</p> <p>After the pre-core conference, the trainee will engage in a series of pre-classroom computer-based instructional activities as a prerequisite for the first week of classroom</p>			

*Classroom
training
dates
on last
page*

training, which begins on October 5, 2009.

Pre-classroom instructional activities will include a pretest, trainee self assessment, and a number of computer-based components that cover child welfare definitions and concepts, laying the groundwork for further development in the classroom. Registration information is included in the additional information section of this announcement.

The remaining pre-classroom computer-based instructional activities consist of narrated presentations that trainees may complete individually at their convenience during that week. Computer-based instructional activities can be accessed through TrainingSpace (access instructions below). The total amount of time trainees will need to complete all of the pre-classroom components, with the exception of the pre-core conference, is approximately 9 hours.

There will also be interim-classroom computer-based training components that trainees will be required to complete in their home districts during the weeks when they are not participating in classroom training. Subsequent to the delivery of Module I, trainees will be required to complete approximately 16 hours of computer-based instruction, as well as participate in the iLinc training, "Working with Progress Notes in CONNECTIONS." The components of the interim-classroom computer-based instruction are required and must be completed prior to the resumption of in-classroom training.

Completion of pre and interim-classroom instructional activities as well as pre, mid and post-core conferences, is required.

It is essential that trainees have protected time to complete these assignments. Completion of activities will be tracked in STARS. Districts will be asked to validate the completion of all out-of-classroom instructional activities for each participant.

Computer-based instructional activities can be accessed through TrainingSpace. Please use the following instructions:

1. Go to www.trainingspace.org and login using your NYSDS Login and you will see the course you are registered for listed in the "My training space" area on the left.

Note: The completion of pre and interim-classroom activities is part of the training program and is required for the successful completion of this program.

Mandated Reporter Training is required for successful participation in core training and must be completed before the first week of classroom training. The learner may participate in :

- a mandated reporter training provided by their agency
- an iLinc program provided by OCFS – Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect
- a self-directed Web-based program provided by OCFS – Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect
- an iLinc program provided by CDHS – Mandated Reporter Training for Common Core

Additionally, CONNECTIONS training is required. Local districts and agencies will have the option of continuing to access this training as part of the Common Core classroom sequence or choosing to provide the training themselves within the district.

There are two Connections iLinc classes; morning and afternoon. They begin at 9:30 and 1:30 respectively. Each participant will be notified by email no later than Friday the week before the iLinc training as to which session they will be assigned.

Target Population	Additional Information
<p>New Child Welfare/Child Protective Services caseworkers and Voluntary Agency staff</p>	<p>Please print out attachment with the 2010 dates on it.</p> <p>Please provide the name and phone number of each participant's supervisor in the trainee note field.</p> <p>Introduction to Learnline is a pre-requisite for all iLine courses and a computer headset with microphone is required to participate. For technical support, please call 1-800-810-1349.</p> <p>CDHS will advance trainees for breakfast and dinner at the trainee rate, but will not provide meals. This advance can be picked up at the hotel front desk upon check in.</p> <p>Connections iLine training dates: 11/23, 12/28, 12/29 Connections classroom training date: 1/4/2010</p>
<p>Course Prerequisites</p>	
<p>Pre-classroom computer-based instructional activities are part of the course and must be completed the week prior to classroom training. Mandated Reporter training is a part of the course and must be completed before the first week of classroom training</p>	
<p>Pre-registration Required</p>	
<p>Yes</p>	
<p>Reimbursement</p>	
<p>Mileage & Hotel</p>	
<p>Training Fees</p>	
<p>Training Fees will not be charged</p>	
<p>Meets In-Service CPS Requirements</p>	
<p>No</p>	
<p>For Additional Course Information Contact</p>	
<p>Phyllis Keiffer Phone: (716) 796-2042 Email: PhyllisK@bsc-cdhs.org</p> <p>For Registration Questions Call: (716) 876-7600 or Email: Registration Services</p>	

Travel and Accommodation Policy

The items indicated below apply to this training event:	
	The rates quoted below are estimates and subject to change.
<input checked="" type="checkbox"/>	CDHS will not reimburse trainees for travel of less than 35 miles from trainees' workplace to the training site. Such travel is determined by the reimbursement policy of the trainee's local district or agency.
<input checked="" type="checkbox"/>	CDHS will, at the rate of 0.21 per mile, reimburse trainees who travel more than 35 miles from the workplace to the training site. SDC or provider coordinators will arrange carpooling. Only designated drivers chosen by them will be reimbursed.
<input checked="" type="checkbox"/>	<p>In order to be eligible for overnight stay, the training program must be 3 or more consecutive days in length; or The trainee must travel 50 miles or more to the training site; or The trainee must travel one hour or more to the training site.</p> <p>Trainees will be eligible for overnight reimbursement the day before a training if the training will begin at 9:00 A.M. (or earlier) the following day and if the above criteria applies.</p>
<input checked="" type="checkbox"/>	<p>Double-room occupancies are billed to CDHS. All rooms paid for by CDHS are non-smoking. You must request a single in order to reserve a smoking room. Please note: All hotels affiliated with Marriott are smoke-free facilities. Hotels charge a substantial room-cleaning fee, if they determine that smoking has occurred in a non-smoking room. The hotel will directly charge the trainees registered for that room, as CDHS is not responsible for this additional fee.</p> <p>For requested single rooms, CDHS will pay the hotel directly for one-half the double-room rate. The double-room rate for this hotel is 100.00. The single room rate is 100.00. Trainees will be responsible for paying the remainder of the hotel bill upon check-out. A tax exempt certificate from your agency is required.</p> <ul style="list-style-type: none"> • Important Notes: <ul style="list-style-type: none"> • If you selected Double as the room type during registration and there is no roommate listed on your Confirmation Memo, your roommate will be assigned later. • You are responsible for 1/2 of the double room rate if you selected Single room type. • If you selected Single as the room type during registration because you are the only trainee (or only trainee of your gender) from your agency, you will be responsible for payment of one-half of the Double room rate. If you change your room type to Double to avoid payment, your roommate will be assigned later. • The participant is responsible for payment of all incidental charges to their room, i.e.; phone, room service, movies, etc. You should be prepared with a credit card or other acceptable form of payment at check-in time. (note: use of a debit card for this purpose may freeze your available funds)
<input checked="" type="checkbox"/>	<p>CDHS will reimburse trainees for breakfast and dinner up to trainees' per diem rate, but will not provide meals. Lunch is not reimbursable. * Per diem rates: Trainee will be reimbursed up to a maximum of 5.00 for breakfast and 15.00 for dinner.</p>

**DD - Albany
Redesigned Common Core
Pre core conference**

11/16-20

Pre training assignments "TrainingSpace"

11/23-1/22/10

Classroom Training DD -1

12/1-12/4

Interim 1 training assignments "TrainingSpace"

12/5-1/22/10

Classroom Training DD -2

12/14-18

Interim 2 training assignments "TrainingSpace"

12/19-1/22/10

Classroom Training DD -3

1/4-8/10

Interim 3 training assignments "TrainingSpace"

1/9-22/10

Classroom Training DD -4

1/20-22/10

Legal Days – 1/5-6/10

CONNECTIONS iLinc

11/23

Working with Progress notes – 2 sessions 9:30-11:30 & 1:30-3:30

12/28

Exploring the Stage Composition 2 sessions 9:30-11:30 & 1:30-3:30

12/29

Documenting Service Plan Review & Visiting Plans 2 sessions 9:30-11:30 & 1:30-3:30

CONNECTIONS Classroom 1/4/10 Full Day

MR iLinc for Common Cores

11/24

(a) 9:30 – 11:00 am

(b) 1:00 – 2:30 pm

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: **Social Services**

Name of Department

SIGNED:

DATE: Oct 23, 2009

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.6010 470	Social Services Contract	A.6010 860	Social Services Hospitalization	\$153,000.00
A.6010 470	Social Services Contract	A.6010 860	Social Services Hospitalization	\$ 1,300.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested:
LACK OF FUNDS

*Please note: All amounts must be in whole dollars – no cents.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.

RESOLUTION REQUEST FORM NO. 7

Request to Amend County Budget*

****If this is the result of a grant award, also complete and submit Form No. 5 or 6***

DEPARTMENT NAME: Social Services

DATE: October 23, 2009

- (a) Purpose of Amendment: Lack of Funds

- (b) Appropriation Code, Object Code, Full Title and Amount:
 - A.6101 470 Social Services Medical Assistance \$168,000.00
 - A.6109 470 Social Services Aid to Dependent Children \$182,000.00

Sample: A.1010 470 Legislative Board – Contract

- (c) Revenue Code (with title), and Amount:
- (d) A.6101.3601 Social Services Medical Assistance \$84,000.00
- (e) A.6101.4601 Social Services Medical Assistance \$84,000.00
- (f) A.6109.4609 Social Services Aid for Dependent Children \$182,000.00

Sample: A. 6417.2654 Tourism Occupancy – Minor Sales – Tourism

*Please note all amount must be in whole dollars – no cents.