

# SOCIAL SERVICES COMMITTEE

## AGENDA

Thursday, April 26, 2012

10:15 am

1. Committee Meeting called to order by Chairman.
2. Motion to approve minutes of prior Committee meeting.

### I. ANNOUNCEMENTS

- A. DSS Team Leader and Team Players for the month of
  1. Tammy Breen – Team Leader, CPS Supervisor
  2. Kristy Neel – Sr. CPS Caseworker

### II. SOCIAL SERVICES COMMITTEE DSS PROGRAM INFORMATION AND EDUCATION

1. Winston Varnum, Resource & Recovery Coordinator

### III. ACTION ITEMS

#### A. TRAININGS

1. **Request:** Permission for CPS Caseworker Meaghan Gorman to attend Adolescent Substance Use: Challenges & Resiliencies at Washington County DSS on May 17, 2012.

**Rationale:** This training will provide professionals with the understanding of both the developmental and environmental factors, as well as the biological influences that can impact an adolescent into alcohol and other drug use. The funds are in the budget.

2. **Request:** Permission for Principal SWE Kelly Barker and Sr. SWE Mary Wilcox to attend the 2012 LIFE Conference in Albany on May 22-23, 2012.

**Rationale:** This LIFE (Low Income Forum on Energy) conference is being hosted by NYSERDA for the purpose of sharing amongst the various community agencies, government agencies and utility companies the lessons learned during the 2011-12 HEAP season. The Department received scholarship funding for two (2) staff

employees in the HEAP Unit to attend this conference free of charge (including meals and hotel accommodations).

3. **Request:** Permission for Adult Protective Services Caseworker Elizabeth Dobert to attend the Mental Health Assessment Skill Building for Protective Services for Adults in Albany on May 29, 2012.

**Rationale:** This training will guide APS Caseworkers on how to assess a client who may be at risk to self and/or others due to psychiatric disorders. The funds are in the budget.

4. **Request:** Permission for Sr. Preventive Caseworker Cynthia Mulcahy to attend Core Essentials for Experienced Caseworkers in Albany on June 5-8, 2012 and June 19-22, 2012.

**Rationale:** This program is designed to build a Caseworker's 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. The funds are in the Budget.

5. **Request:** Permission for Social Services Fraud Investigators, Elizabeth Burke, Sharon Walter and Lisa Zulauf, to attend Child Care Subsidy Training for Fraud Investigators in Albany on June 12, 2012.

**Rationale:** This training is built upon an analysis of the job tasks performed by Fraud Investigators with the intention of developing their duties as they intersect with the Child Care Subsidy program. The funds are in the DSS budget.

6. **Request:** Permission for CPS Caseworker Andrea Corbin to attend the Sexual Abuse Dynamics & Intervention Training in Albany on June 13-15, 2012.

**Rationale:** This intensive training provides an overview of the issues related to child sexual abuse and is mandatory training. The funds are in the Budget.

7. **Request:** Permission for Foster Care Caseworker Heather Ranado to attend Common Core Training in Albany in July, August and September 2012.

**Rationale:** This mandatory training will provide new caseworkers with the necessary skills and knowledge to achieve successful child welfare outcomes of safety and wellbeing. The funds are in the DSS budget.

8. **Request:** Permission for Sr. SWE Mary Wilcox to attend Effective Agency Representation at Fair Hearing Training in Albany on September 5-6, 2012.

**Rationale:**

**B. REQUESTS TO CREATE POSITIONS:**

1. **Request to Create the position of Principal Social Welfare Examiner** in the Medicaid Unit

**Rationale:** 100% reimbursable (See attached additional information).

2. **Request to Create the position of Senior Social Welfare Examiner** in the Medicaid Unit.

**Rationale:** 100% reimbursable (See attached additional information).

**C. REQUEST TO AMEND THE COUNTY BUDGET:**

1. **Requesting to amend the 2012 County Budget** by increasing revenues and expenses due to the creation of two (2) positions with the Medicaid Unit that are 100 percent reimbursable.

**IV. OVERTIME REPORT**

**V. BUDGET STATUS REPORT**

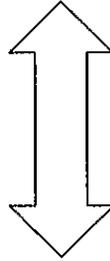
Please join me in congratulating Tammy Breen and Kristy Neel as Team Leader and Team Player for the Month of April 2012.

Team Leader Tammy Breen, Supervisor of the Child Protective Unit. "As you know, CPS has handled several high profile and difficult cases in recent months, and the pace continues at this time. Tammy has demonstrated tremendous knowledge for the process, and compassion for the children and families involved in these investigations." " We have witnessed her leadership in her ability to guide her staff through emotionally charged cases with confidence and competence." "We acknowledge her ongoing efforts to support interdisciplinary teamwork across the entire services Department."

Team Player Kristy Neel, Child Protective Senior Caseworker "has admirably handled her normal caseload and responsibilities as well as the pressures of the recent series of high profile matters." " She maintained her professionalism during some very unusual and difficult events." " Her unfailing dedication to her work, particularly in light of the investigations they have recently shouldered, should be recognized and applauded."

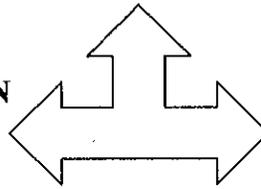
**RESOURCE UNIT**

**WIN VARNUM  
COORDINATOR**



**SONDRA CAMERON  
SENIOR CLERK**

**DONNA BARDEN  
CLERK**



**VICKIE SMITH  
CLERK**

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**PHASES OF RESOURCE'S DAILY OPERATION**

**1) SUPPORT TO DSS UNITS**

- **Mail out/provide returned clearances of applicant/recipient: employment, bank accounts, Life/accident insurance, real property ownership, stocks, bonds, mutual funds, worker's compensation, unemployment benefits, veterans benefits, NY State Disability benefits to Food Stamp, Medicaid, Temporary Assistance, Heap Units)**
- **Maintain/provide DSS file Records for Temporary Assistance, Food Stamp, Medicaid, Heap, Support, Employment Units.**
- **Maintain/assign/change applicant/recipient case file numbers in TA, FS, MA, HEAP, Services Units**

**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 Meaghan Gorman  
 (Supervisory Committee) (Employee Name)

to attend Adolescent Substance use: Challenges and Resiliencies  
 (Name of meeting or organization)

at Washington County DSS, 383 Broadway, Fort Edward, New York 12828  
 (Address)

on 5/17/12. 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 \$ 11.00 GSA \* Rate \$ \_\_\_\_\_
- Meal costs - GSA \*per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 4/17/12

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.

**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 Kelly Barker and Mary Wilcox  
 (Supervisory Committee) (Employee Name)

to attend 2012 LIFE Statewide Conference  
 (Name of meeting or organization)

at Albany Marriott, 189 Wolf Road, Albany, New York 12205  
 (Address)

on 5/22-5/23/12. 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

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(Please check documents attached)

- Notice of meeting or convention including cost.

**For Overnight Travel**

- Room rate \$ \_\_\_\_\_ GSA \* Rate \$ \_\_\_\_\_
- Meal costs - GSA \*per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 4/24/12

Date: \_\_\_\_\_



Department Head Signature

Committee Chairman Signature

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**Cost Analysis**

**Training**

**Date(s)**

**2012 LIFE CONFERENCE**

**5/22-23/12**

				Cost of Training/Person	\$	-
				# of staff attending		2
					\$	-
<b>Overnight</b>		<b>Commuting</b>				
# of miles/1 way	<u>48</u>			Fleet Car - .105		
X # trips	<u>2</u>			Overnight	\$	10.08
Total # of miles	<u>96</u>	<u>0</u>	X	Commute	\$	-
				Personal Car-.345		
				Overnight	\$	33.12
			X	Commuting	\$	-

**Estimated Overtime**

						<b>Commuting</b>	
	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	<u>45,198</u>	21.73	32.59		0.00		
#2	<u>40,356</u>	19.40	29.10		0.00	Commuting OT	\$ -
#3		0.00	0.00		0.00		
#4		0.00	0.00		0.00		
#5		0.00	0.00		0.00		
#6		0.00	0.00		0.00		
#7		0.00	0.00		0.00		

						<b>Overnight</b>	
				# of hrs	Total OT		
#1				<u>3</u>	97.78		
#2				<u>3</u>	87.31	Overnight OT	\$ 185.09
#3					0.00		
#4					0.00		
#5					0.00		
#6					0.00		
#7					0.00		

<b>Hotel</b>	<b># of days</b>	<b>Rate/night</b>	<b>Total Hotel Expense</b>
			\$ -
<b>Totals</b>			
		Fleet Car + Training + Hotel + OT	\$ 195.17
		Fleet Car + Training + Overtime	\$ -
		Personal Car + Training + Hotel + OT	\$ 218.21
		Personal Car + Training + Overtime	\$ -

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 Elizabeth Dobert  
(Supervisory Committee) (Employee Name)

to attend Mental Health Assessment Skill Building for PSA Workers  
(Name of meeting or organization)

at SUNY Albany PDP Training Center, 1215 Western Avenue, Albany, NY  
(Address)

on 5/29/12. 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 \$ 15.00

\* [www.gsa.gov](http://www.gsa.gov)

Date: 4/24/12

Date: \_\_\_\_\_



Department Head Signature

Committee Chairman Signature

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5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.



# Training Announcement

Training Title

**Mental Health Assessment Skill Building for PSA workers**

Provider

**Brookdale Center for Healthy Aging**

Date & Time	Location	Registration Deadline
05/29/2012 09:00 AM to 04:00 PM	SUNY Albany PDP Training Center UAB 437 1215 Western Avenue Room: 437 , Albany 12203-	05/21/2012

Training Description

This is a one-day training for Protective Services for Adults workers. Participants will learn how to assess a client who may be a risk to self and/or others because of psychiatric disorders. This training will guide participants to recognize and assess the behavioral manifestations and functional deficits of mentally impaired clients in order to know when psychiatric interventions are required. The training will provide participants with a method for describing and documenting a client's mental health status. Participants will learn fundamental techniques that will keep them safe while they are performing these assessments.

Target Population

PSA Caseworkers and Supervisors

Additional Information

Travel Reimbursement is not offered through Brookdale/OCFS for this event. Please seek reimbursement options from your county.

Directions and Parking information will be distributed via the STARS confirmation email once registration closes.

Course Prerequisites

None

Pre-registration Required

Yes

Reimbursement

No Reimbursement

Training Fees

Training Fees will not be charged

Meets In-Service CPS Requirements

No

For Additional Course Information Contact

Steven Jones  
Phone: 2124815393  
Email: [steven.jones@hunter.cuny.edu](mailto:steven.jones@hunter.cuny.edu)

**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 Cynthia Mulcahy  
 (Supervisory Committee) (Employee Name)

to attend Core Essentials for Experienced Caseworkers - Pre Training D  
 (Name of meeting or organization)

at SUNY Albany, 1215 Western Avenue, Albany, NY  
 (Address)

on 6/5-6/8 12 and 6/19-6/22/12. 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 \$ 52.00 GSA\* Rate \$ \_\_\_\_\_
- Meal costs - GSA\*per diem rate \$ 15.00

\*[www.gsa.gov](http://www.gsa.gov)

Date: 4/12/12

  
 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.

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# Training Announcement

Training Title

**TS:Core Essential Skills for Experienced Caseworkers-Pre Training D**

Attachments - click to view

[229117 Announcement - Core - June - 2012.pdf](#)

[229117 Registration Form.pdf](#)

[229117 Training Description for Core Essential Skills- Albany - June.pdf](#)

Provider

**SUNY Albany - PDP**

Date & Time	Location	Registration Deadline	Hotel
05/07/2012 - 06/06/2012 9:00AM to 12:15PM	TrainingSpace.org www.trainingspace.org, Albany 00000-	05/04/2012	not defined, Albany 00000-0000 Phone: (000) 000-0000
06/05/2012 - 06/08/2012 9:00AM to 4:30PM	SUNY Albany PDP Training Center UAB 437 1215 Western Avenue, Albany 12203-		Cresthill Suites 1415 Washington Avenue, Albany 12206-0000 Phone: (518) 454-0007
06/08/2012 - 06/22/2012 9:00AM to 2:30PM	TrainingSpace.org www.trainingspace.org, Albany 00000-		not defined, Albany 00000-0000 Phone: (000) 000-0000
06/19/2012 - 06/22/2012 9:00AM to 4:30PM	SUNY Albany PDP Training Center UAB 437 1215 Western Avenue, Albany 12203-		Cresthill Suites 1415 Washington Avenue, Albany 12206-0000 Phone: (518) 454-0007

Training Description

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.

The summary below identifies steps involved in completing the training program beginning with the Pre-Core conference and ending with the Post-Core conference.

Beginning May 7, 2012 four weeks prior to the classroom training, the trainers, the trainees, their supervisors, and the 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.

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 training, which begins on June 5, 2012. Access to the internet is required for participation in computer-based training. Pre-classroom instructional activities will include a pre-test, and a number of computer-based components that cover child welfare definitions and concepts, laying the groundwork for further development in the classroom.

The remaining pre-classroom computer-based instructional activities consist of narrated presentations that trainees may complete individually at their convenience. 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 4 hours.

There will also be mid-classroom computer-based training components that trainees will be required to complete in their home districts during the week when they are not participating in classroom training. Subsequent to the delivery of Module I, trainees will be required to complete approximately 4 hours of computer-based instruction,

which must be completed prior to the resumption of in-classroom training.

It is essential that trainees have protected time to complete these assignments. Completion of activities will be tracked in STARS. It is the district's or agency's responsibility to verify the completion of all out-of-classroom instructional activities for each trainee.

Computer-based instructional activities can be accessed through TrainingSpace. Go to [www.trainingspace.org](http://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: Completion of pre-classroom and mid-classroom instructional activities as well as pre- and post-core conferences, is required for successful completion of this program.

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

- 1) a mandated reporter training provided by their agency
- 2) a self-directed Web-based program provided by OCFS- Mandated Reporter Training: Identifying and Reporting Child Abuse and Maltreatment/Neglect (requires separate registration)

Target Population	Additional Information
<p>Experienced local district and voluntary agency child welfare and child protective services caseworkers practicing in the areas of foster care, adoption, protective, and preventive services, in Regions I, II, III, and IV.</p>	<p>For additional information on this training contact:</p> <p>Molly McHale - 518/956-7883 - <a href="mailto:mmchale@pdp.albany.edu">mmchale@pdp.albany.edu</a></p> <p>Register through STARS of for assistance with registration contact:</p> <p>Corinne Kovatchitch - 518/956-7871 - <a href="mailto:ckovatch@pdp.albany.edu">ckovatch@pdp.albany.edu</a></p>
<p>Course Prerequisites</p>	
<p>One year of casework practice experience. 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. If you have difficulty completing the prerequisites, feel free to contact PDP/Molly McHale at 518-956-7883 or <a href="mailto:MMchale@pdp.albany.edu">MMchale@pdp.albany.edu</a></p>	
<p>Pre-registration Required</p>	
<p>Yes</p>	
<p>Reimbursement</p>	
<p>Mileage &amp; Hotel</p>	
<p>Training Fees</p>	
<p>Local District staff will be charged Training fees</p>	
<p>Meets In-Service CPS Requirements</p>	
<p>No</p>	
<p>For Additional Course Information</p>	

**Cost Analysis**

**Training**

**Date(s)**

**CORE ESSENTIAL FOR  
EXPERIENCED CWS**

**6/5-6/8/12  
6/19-6/22/12**

Cost of Training/Person \$ 112.00  
# of staff attending 1

\$ 112.00

**Overnight**

# of miles/1 way 52  
X # trips 4  
Total # of miles 208

**Commuting**

52  
16  
832

Fleet Car - .105

X Overnight \$ 21.84  
Commute \$ 87.36

Personal Car-.345

X Overnight \$ 71.76  
Commuting \$ 287.04

**Estimated Overtime**

**Commuting**

	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	<u>45,198</u>	21.73	32.59	<u>12</u>	391.14
#2	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#3	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#4	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#5	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#6	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#7	<u>          </u>	0.00	0.00	<u>          </u>	0.00

Commuting OT \$ 391.14

**Overnight**

	# of hrs	Total OT
#1	<u>2</u>	65.19
#2	<u>          </u>	0.00
#3	<u>          </u>	0.00
#4	<u>          </u>	0.00
#5	<u>          </u>	0.00
#6	<u>          </u>	0.00
#7	<u>          </u>	0.00

Overnight OT \$ 65.19

**Hotel** # of days 6 Rate/night \$ 52.00 Total Hotel Expense \$ 312.00

**Totals**

Fleet Car + Training + Hotel + OT \$ 511.03  
Fleet Car + Training + Overtime \$ 590.50  
Personal Car + Training + Hotel + OT \$ 560.95  
Personal Car + Training + Overtime \$ 790.18

**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 Elizabeth Burke, Sharon Walter and Lisa Zulauf  
(Supervisory Committee) (Employee Name)

to attend Child Care Subsidy for Fraud Investigators  
(Name of meeting or organization)

at SUNY Albany - PDP, 22 Corporate Woods Boulevard, Albany, New York  
(Address)

on 6/12/12. 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 \$ 15.00

\*[www.gsa.gov](http://www.gsa.gov)

Date: 4/12/12

Date: \_\_\_\_\_

  
Department Head Signature

Committee Chairman Signature

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\*\*\*\*\*

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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

**Child Care Subsidy for Fraud Investigators**

Attachments - click to view

232186\_2012\_Travel\_Policy.pdf

Provider

**SUNY Albany - PDP**

Date & Time	Location	Registration Deadline
06/12/2012 09:00 AM to 12:30 PM	Professional Development Program 22 Corporate Woods Blvd 3rd Floor Room: Shared Training Room , Albany 12211-	05/29/2012

Training Description

The training is concept-based and built upon an analysis of the job-tasks that Fraud Investigators perform with the intention of developing an understanding of where Fraud Investigator duties intersect with the Child Care Subsidy program. The training presents an brief overview of the Child Care Subsidy program, and encourages Fraud Investigators to draw connections between their duties and the program. Local district variety will be an integrated part of the class discussion.

The following content areas will be included:

- Overview of the Child Care Subsidy Program
- Agency Roles and Responsibilities
- Types of Providers and Provider Payments
- Tools for Combating Fraud in the Child Care Subsidy Program

Target Population	Additional Information
The target population includes new and experienced Fraud Investigators who interact with stakeholders in the Child Care Subsidy process.	Participants are asked to attend the training closest to them. For questions about this training or travel requests please contact Lakeria Green at 518.320.3725 or by email at lgreen@pdp.albany.edu. Please see attached policy document for further information.

Course Prerequisites	
None	
Pre-registration Required	
Yes	
Reimbursement	
Mileage	
Training Fees	
Local District staff will be charged Training fees	
Meets In-Service CPS Requirements	
No	
For Additional Course Information Contact	
Torie Seeger	
Phone: (518) 443-5940 3724	
Email: tseeger@ndn.albany.edu	

**Cost Analysis**

**Training**

**Date(s)**

**Child Care Subsidy for  
Fraud Investigators**

**6/12/2012**

**Overnight**

# of miles/1 way \_\_\_\_\_  
X # trips \_\_\_\_\_  
Total # of miles 0

**Commuting**

51  
2  
102

Cost of Training/Person \$ 7.00  
# of staff attending 3  
\$ 21.00

Fleet Car - .105

X Overnight \$ -  
Commute \$ 10.71

Personal Car-.345

X Overnight \$ -  
Commuting \$ 35.19

**Estimated Overtime**

**Commuting**

	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	_____	0.00	0.00	_____	0.00
#2	_____	0.00	0.00	_____	0.00
#3	_____	0.00	0.00	_____	0.00
#4	_____	0.00	0.00	_____	0.00
#5	_____	0.00	0.00	_____	0.00
#6	_____	0.00	0.00	_____	0.00
#7	_____	0.00	0.00	_____	0.00

Commuting OT \$ -

**Overnight**

	# of hrs	Total OT
#1	_____	0.00
#2	_____	0.00
#3	_____	0.00
#4	_____	0.00
#5	_____	0.00
#6	_____	0.00
#7	_____	0.00

Overnight OT \$ -

**Hotel** # of days Rate/night Total Hotel Expense \$ -

**Totals**

Fleet Car + Training + Hotel + OT \$ 21.00  
Fleet Car + Training + Overtime \$ 31.71  
Personal Car + Training + Hotel + OT \$ 21.00  
Personal Car + Training + Overtime \$ 56.19

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 ANDREA CORBIN  
(Supervisory Committee) (Employee Name)

to attend SEXUAL ABUSE DYNAMICS & INTERVENTION TRAINING  
(Name of meeting or organization)

at Best Western Airport, 200 Wolf Road, Albany, New York  
(Address)

on 6/13-6/15/12. 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 \$ 45.00 GSA \* Rate \$ \_\_\_\_\_  
 Meal costs - GSA \*per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 4/3/12

  
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

**Sexual Abuse Dynamics and Intervention Training**

Attachments - click to view

[220514\\_Registration\\_Form.pdf](#)

Provider

**Fordham University/Children&Families Ins**

Date & Time	Location	Registration Deadline	Hotel
06/13/2012 - 06/15/2012 08:30 AM to 04:30 PM	Best Western Airport- Albany Wolf Rd 200 Wolf Road, Albany 12205-0000	05/30/2012	Best Western Airport- Albany Wolf Rd 200 Wolf Road, Albany 12205-0000 Phone: (518) 458-1000

Training Description

This 3 day course will provide caseworkers with an intense overview of the issues related to child sexual abuse. Caseworkers will participate in both large and small group exercise that will increase their sensitivity in working with incest families and improve skills related to their work with victims and offenders. The format will include lectures, role plays, films and group discussions and groups presentation.

Target Population

Additional Information

Child protective and preventive workers with case management responsibilities whose salaries are allocated in full or part to Title IV-E, foster care, adoption caseworkers and supervisors. The trainees should be fairly new to the field.

Course Prerequisites

This course fulfills the prerequisites required for attending the CPSTI course: Sexual Abuse Interview offered by CDHS. To see if you are eligible for travel reimbursement, please call JoAnne at (914) 367-3371

Pre-registration Required

Yes

Reimbursement

Mileage & Hotel

Training Fees

Training Fees will not be charged

Meets In-Service CPS Requirements

Yes

For Additional Course Information Contact

Joanne McMahon  
Phone: (914) 367-3364  
Email: [ajomcmahon@fordham.edu](mailto:ajomcmahon@fordham.edu)

**Cost Analysis**

**Training**

**Date(s)**

**Sexual Abuse Dynamics**

**6/13-15/12**

**Cost of Training/Person**

**# of staff attending**

**1**

<b>Overnight</b>		<b>Commuting</b>				
# of miles/1 way	<u>48</u>		<u>48</u>			\$
X # trips	<u>2</u>		<u>6</u>			
Total # of miles	96		288	X	Fleet Car - .105	
					Overnight	\$ 10.08
					Commute	\$ 30.24
					Personal Car-.345	
				X	Overnight	\$ 33.12
					Commute	\$ 99.36

**Estimated Overtime**

**Commuting**

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	<u>37,275</u>	17.92	26.88	<u>6</u>	161.29		
#2	<u>          </u>	0.00	0.00	<u>          </u>	0.00	Commuting OT	\$ 161.29
#3	<u>          </u>	0.00	0.00	<u>          </u>	0.00		
#4	<u>          </u>	0.00	0.00	<u>          </u>	0.00		
#5	<u>          </u>	0.00	0.00	<u>          </u>	0.00		
#6	<u>          </u>	0.00	0.00	<u>          </u>	0.00		
#7	<u>          </u>	0.00	0.00	<u>          </u>	0.00		

**Overnight**

	# of hrs	Total OT		
#1	<u>2</u>	53.76		
#2	<u>          </u>	0.00	Overnight OT	\$ 53.76
#3	<u>          </u>	0.00		
#4	<u>          </u>	0.00		
#5	<u>          </u>	0.00		
#6	<u>          </u>	0.00		
#7	<u>          </u>	0.00		

<b>Hotel</b>	<b># of days</b>	<b>Rate/night</b>	<b>Total Hotel Expense</b>
	2	\$ 45.00	\$ 90.00

**Totals**

Fleet Car + Training + Hotel + OT	\$ 153.84
Fleet Car + Training + Overtime	\$ 191.53
Personal Car + Training + Hotel + OT	\$ 176.88

Personal Car + Training + Overtime

\$ 260.65

**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 Heather Ranado  
 (Supervisory Committee) (Employee Name)

to attend Common Core Training N  
 (Name of meeting or organization)

at SUC Buffalo - CDHS, 3 Marcus Boulevard, Albany, New York 12205  
 (Address)

on 7/31-8/3, 8/14-8/17, 8/27-8/31, 9/11-9/14/12. 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 \$ 100.00 GSA\* Rate \$ \_\_\_\_\_
- Meal costs - GSA\*per diem rate \$ 15.00

\*[www.gsa.gov](http://www.gsa.gov)

Date: 4/22/12

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.

# Training Announcement

Training Title

**TS: CW/CPS Common Core Training N**

Attachments - click to view

[228421\\_228423\\_TravelPolicy.CC.N.2012.pdf](#)

[228421\\_Registration\\_Form.pdf](#)

Provider

**SUC Buffalo - CDHS**

Date & Time	Location	Registration Deadline	Hotel
07/09/2012 - 09/14/2012 09:00 AM to 04:30 PM	TrainingSpace.org www.trainingspace.org, Albany 00000-	06/25/2012	not defined, Albany 00000-0000 Phone: (000) 000- 0000
<del>07/31/2012 - 08/03/2012</del> 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- 7264
08/06/2012 - 09/14/2012 09:00 AM to 04:30 PM	TrainingSpace.org www.trainingspace.org Room: Carol Clayton , Albany 00000-		not defined, Albany 00000-0000 Phone: (000) 000- 0000
08/07/2012 09:30 AM to 03:30 PM	Virtual Classroom		
<del>08/14/2012 - 08/17/2012</del> 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- 7264
08/20/2012 - 09/14/2012 09:00 AM to 04:30 PM	TrainingSpace.org www.trainingspace.org Room: Adirondack , Albany 00000-		not defined, Albany 00000-0000 Phone: (000) 000- 0000
<del>08/27/2012 - 08/31/2012</del> 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- 7264
09/03/2012 - 09/14/2012 09:00 AM to 04:30 PM	TrainingSpace.org www.trainingspace.org Room: Breakout A , Albany 00000-		not defined, Albany 00000-0000 Phone: (000) 000- 0000
09/04/2012 09:30 AM to 03:30 PM	Virtual Classroom		
09/05/2012 09:30 AM to 03:30 PM	Virtual Classroom		
<del>09/11/2012 - 09/14/2012</del> 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- 7264

Training Description

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.

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.

Beginning July 9, 2012 three 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.

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 training, which begins on July 31, 2012. Access to the internet is required for participation in computer-based training.

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.

The remaining pre-classroom computer-based instructional activities consist of narrated presentations that trainees may complete individually at their convenience. 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 mid-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, which must be completed prior to the resumption of in-classroom training. Trainees will also participate in 3 CONNECTIONS iLine courses. The dates for each course are listed in the "additional information" section of this announcement. Trainees will be assigned to either a morning or an afternoon session for each course. Session assignments will be emailed by PDP to the trainees no later than the Friday before the week of the course. Please note: 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. (for CONNECTIONS questions, please contact [connections@pdp.albany.edu](mailto:connections@pdp.albany.edu))

It is essential that trainees have protected time to complete these assignments. Completion of activities will be tracked in STARS. It is the district's or agency's responsibility to verify the completion of all out-of-classroom instructional activities for each trainee.

Computer-based instructional activities can be accessed through TrainingSpace. Go to [www.trainingspace.org](http://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: Completion of pre-classroom and mid-classroom instructional activities as well as pre, mid and post-core conferences, is required for 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 any one of the following:

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

Target Population	Additional Information
-------------------	------------------------

<p>New Child Welfare/Child Protective Services caseworkers and Voluntary Agency staff</p>	<p>Please provide the name and phone number of each participant's supervisor in the trainee note field.</p> <p><b>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.</b></p> <p>Introduction to Learnline is a prerequisite 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>If trainee has met the Mandated Reporter prerequisite (see below), please make a note in the trainee note field.</p> <p>Connections iLine training dates: 8/7,9/4 &amp; 9/5 Connections classroom training date: 9/12</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 &amp; Hotel</p> <p>Training Fees</p> <p><b>Training Fees will not be charged.</b></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: <a href="mailto:PHYLLISK@BSC-CDHS.ORG">PHYLLISK@BSC-CDHS.ORG</a></p> <p>For Registration Questions Call: (716) 876-7600 or Email: <a href="#">Registration Services</a></p>	

**Cost Analysis**

**Training**

**Date(s)**

**Common Core**

**7/31-9/14**

**Cost of Training/Person**

			<b># of staff attending</b>	<u>1</u>
<b>Overnight</b>		<b>Commuting</b>		\$ -
# of miles/1 way	<u>48</u>	<u>48</u>		
X # trips	<u>8</u>	<u>26</u>		
Total # of miles	384	1248	X	
			Fleet Car - .105	
			Overnight	\$ 40.32
			Commute	\$ 131.04
			Personal Car-.345	
			Overnight	\$ 132.48
			X Commuting	\$ 430.56

**Estimated Overtime**

				<b>Commuting</b>	
	<b>Salary</b>	<b>Hr Rate</b>	<b>OT Rate</b>	<b># of hrs</b>	<b>Total OT</b>
#1	<u>35,385</u>	17.01	25.52	<u>25.5</u>	650.71
#2	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#3	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#4	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#5	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#6	<u>          </u>	0.00	0.00	<u>          </u>	0.00
#7	<u>          </u>	0.00	0.00	<u>          </u>	0.00

				<b>Overnight</b>	
				<b># of hrs</b>	<b>Total OT</b>
#1				<u>9</u>	229.66
#2				<u>          </u>	0.00
#3				<u>          </u>	0.00
#4				<u>          </u>	0.00
#5				<u>          </u>	0.00
#6				<u>          </u>	0.00
#7				<u>          </u>	0.00

<b>Hotel</b>	<b># of days</b>	<b>Rate/night</b>	<b>Total Hotel Expense</b>
	13	\$ 100.00	\$ 1,300.00

**Totals**

Fleet Car + Training + Hotel + OT	\$ 1,569.98
<b>Fleet Car + Training + Overtime</b>	<b>\$ 781.75</b>
Personal Car + Training + Hotel + OT	\$ 1,662.14
Personal Car + Training + Overtime	\$ 1,081.27

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 MARY WILCOX  
(Supervisory Committee) (Employee Name)

to attend Effective Agency Representation at Fair Hearing Training  
(Name of meeting or organization)

at SUNY Albany PDP Training Center, 1215 Western Avenue, Albany, New York  
(Address)

on 9/5/12-9/6/12. 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 \$ 52.00 GSA\* Rate \$ \_\_\_\_\_

Meal costs - GSA\*per diem rate \$ \_\_\_\_\_

\*[www.gsa.gov](http://www.gsa.gov)

Date: 4/14/12

  
\_\_\_\_\_  
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

**Effective Agency Representation at Fair Hearings**

Attachments - click to view

[234184\\_Registration Form.pdf](#)

[234184\\_Travel & Accommodation Policies.pdf](#)

Provider

**SUNY Albany - PDP**

Date & Time	Location	Registration Deadline	Hotel
09/05/2012 - 09/06/2012 9:00AM to 5:00PM	SUNY Albany PDP Training Center UAB 433 1215 Western Avenue, Albany 12203-0000	08/16/2012	Holiday Inn Express - Albany/Western Ave. 1442 Western Avenue, Albany 12203-0000 Phone: (518) 438-0001

Training Description

Please see Course Description.

Target Population

Target population includes local departments of social services's Fair Hearing staff and other state and local district staff participating in the Fair Hearing process.

Additional Information

Registration Time: 8:15 a.m.

For overnight participants, the hotel provides breakfast and the Research Foundation of SUNY provides a \$12.00 dinner reimbursement for each eligible night.

Course Prerequisites

None

Pre-registration Required

Yes

Reimbursement

Mileage & Hotel

Training Fees

Local District staff will be charged  
**Training fees**

Meets In-Service CPS Requirements

No

For Additional Course Information Contact

Deborah Brathwaite  
Phone: (212) 961-8067

Email:  
[deborah.brathwaite@otda.state.ny.us](mailto:deborah.brathwaite@otda.state.ny.us)

**Cost Analysis**

**Training**

**Date(s)**

**Effective Agency Rep. at**

**9/5 - 9/6/12**

**Fair Hearing Training**

Cost of Training/Person

\$ 28.00

# of staff attending

1

\$ 28.00

**Overnight**

**Commuting**

# of miles/1 way	52
X # trips	2
Total # of miles	104

52
4
208

Fleet Car - .105

X

Overnight

\$ 10.92

Commute

\$ 21.84

Personal Car-.345

X

Overnight

\$ 35.88

Commuting

\$ 71.76

**Estimated Overtime**

**Commuting**

	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	40,356	19.40	29.10	4	116.41
#2		0.00	0.00		0.00
#3		0.00	0.00		0.00
#4		0.00	0.00		0.00
#5		0.00	0.00		0.00
#6		0.00	0.00		0.00
#7		0.00	0.00		0.00

Commuting OT

\$ 116.41

**Overnight**

	# of hrs	Total OT
#1	2	58.21
#2		0.00
#3		0.00
#4		0.00
#5		0.00
#6		0.00
#7		0.00

Overnight OT

\$ 58.21

**Hotel**

# of days

Rate/night

Total Hotel Expense

1 \$ 52.00

\$ 52.00

**Totals**

Fleet Car + Training + Hotel + OT

\$ 149.13

Fleet Car + Training + Overtime

\$ 166.25

Personal Car + Training + Hotel + OT

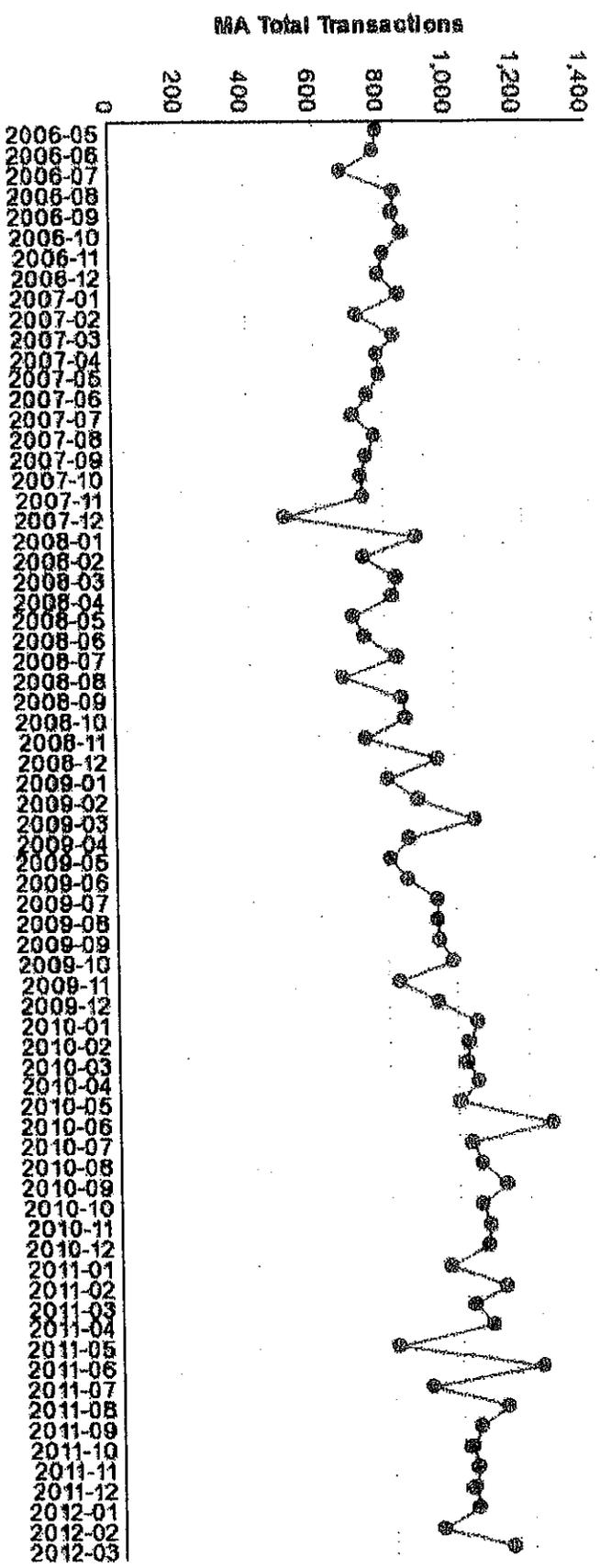
\$ 174.09

Personal Car + Training + Overtime

\$ 216.17

## Warren County Medicaid Statistics

	2008	Present	Proposed
<b>Cases</b>	4874	6754	6754
<b>No of Consumers</b>	6720	9871	9871
<b>Monthly Transactions</b>	<i>see attached chart on back</i>		
<b>Front Line Staff</b>	14	19	19
<b>Supervisors</b>	6	4	6

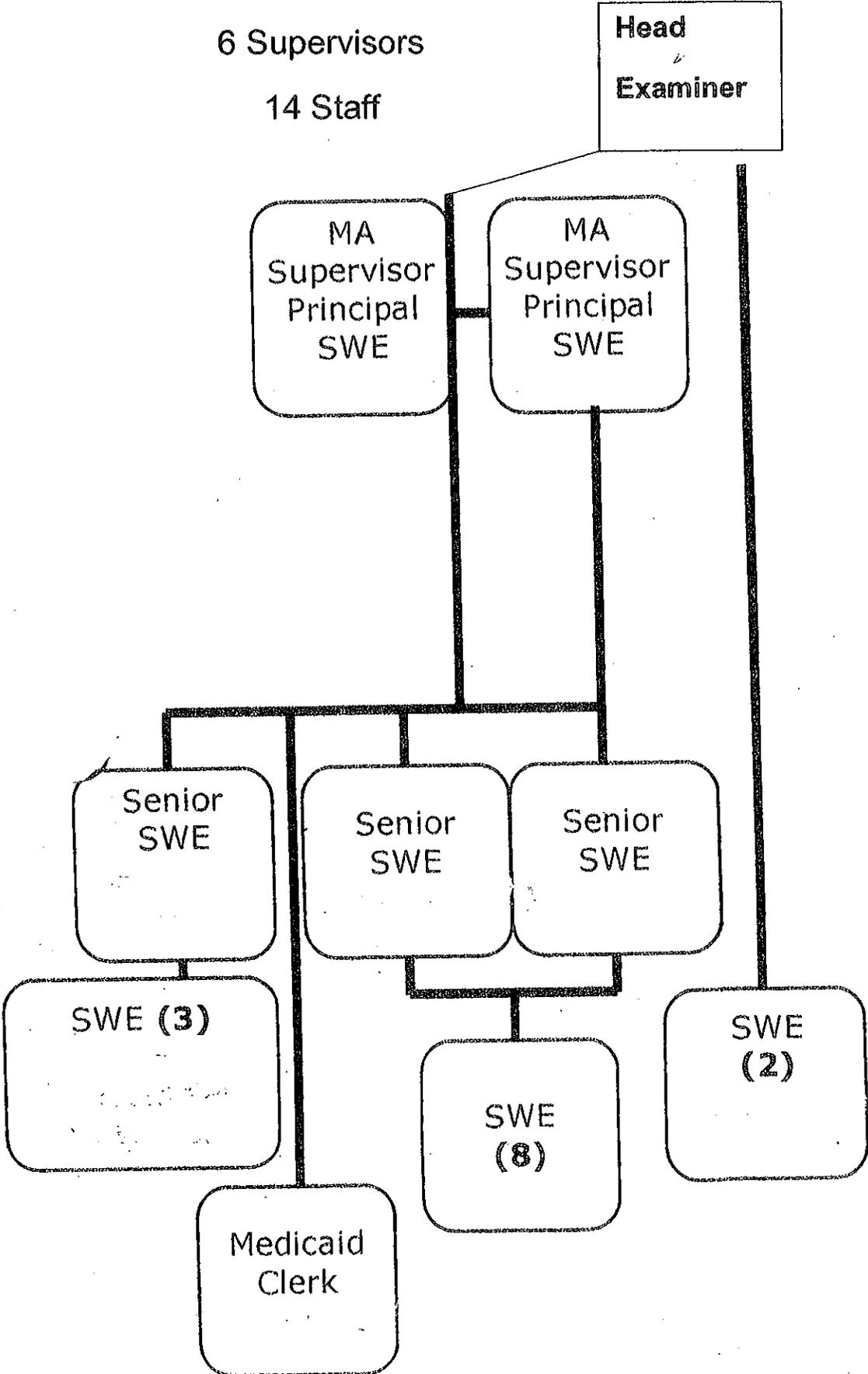


\*\*\*WARNING-CONFIDENTIAL INFORMATION FOR AUTHORIZED PERSONNEL ONLY\*\*\*

Data Source: WRTS Reporting

Commissioners' Dashboard  
04/22/2012

# 2008 Medicaid Organizational Chart



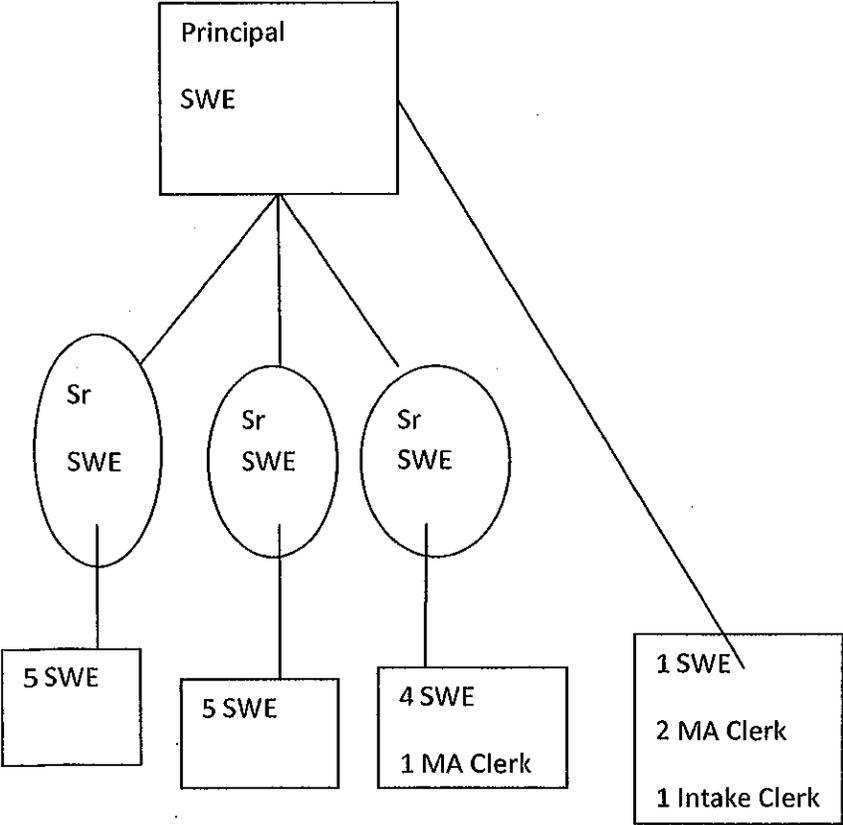
# Present Model Medicaid Organizational Chart

4 Supervisors-

19 Front Line Staff

Community Medicaid  
Facilitated Enrollment  
Third Party Health Insurance  
Managed Care  
325 cases per worker

Chronic Care  
SSI  
395 cases per worker



# Proposed Model Medicaid Organizational Chart

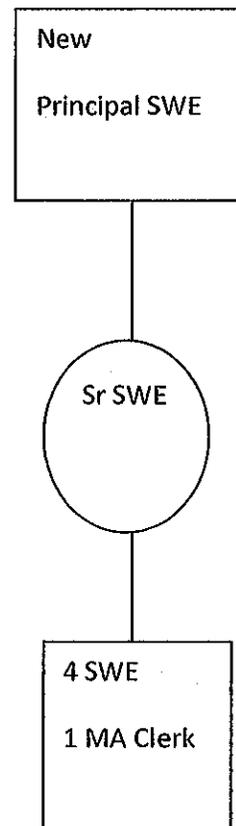
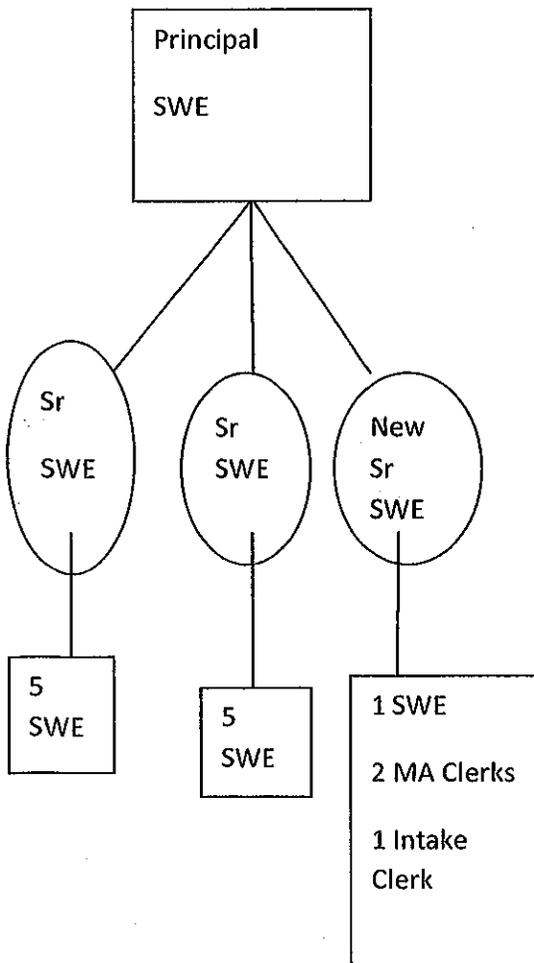
**6 Supervisors**

**19 Frontline Staff**

**Community Medicaid**  
**Facilitated Enrollment**  
**Third Party Health Insurance**  
**Managed Care**

**Chronic Care Medicaid**  
**SSI**  
**395 cases per worker**

**325 cases per worker**



WARREN COUNTY  
MEDICAL ASSISTANCE  
CASE SUPERVISORY REVIEW PROCESS

Implemented  
Eff. 7/6/04  
w/workers

Plan approved  
eff. 7/1/04

#### A. BACKGROUND

The Case Supervisory Review (CSR) process is an alternative quality assurance methodology developed by the State. It involves in-depth reviews on a randomly selected sample of Certification, Recertification and Undercare transactions; Case transactions that are not part of the sample are neither reviewed nor signed by supervisors. The results of these reviews are used to identify problem areas and to develop corrective action strategies.

#### B. PURPOSE/OUTCOMES

Case Supervisory Review (CSR) is a review process in which certain process transactions are randomly selected for supervisory review. The random review process is expected to achieve the following outcomes.

- Supervisors will conduct a more thorough review of transactions that are selected for review.
- Supervisors will have time for other necessary supervisory functions such as training, coaching, evaluations, planning, projects, etc.
- Examiners will have increased control over time/daily management activities.
- Clients will be served timely and accurately.
- Error trend analysis will be conducted and monitored.
- Training and/or Corrective Action needs will be identified through the review process.
- Supervisors will receive feedback on their job performance.

#### C. GENERAL PROCESS

The CSR proceeds as follows:

- Line Workers complete Cert/Recert/Undercare transactions referring to a Case Action Check List as a guide to ensure that all eligibility areas are covered.
- Completed transactions are routed according to the established procedures.
- Supervisors identify cases for review based on the selection process.
- Cert/Recert/Undercare transactions that are not part of the sample proceed through with no further review. No supervisory signature is required on these transactions.
- For cases that are part of the sample, the supervisor conducts an in-depth review completing a Corrective Action Tracking Sheet for each case reviewed and signing the authorization.
- An entry is made on a Supervisory Review Control Sheet for each review completed. This Control Sheet is used to assist them in tracking their reviews.
- Error free cases are signed, recorded and filed.

- For cases found to have errors or discrepancies, the case material and the notated Corrective Action Tracking Sheet are returned to the worker with a return due date.
- NOTE: When a case is returned, it is the worker's responsibility to review the case record and take appropriate action.
- When corrected cases are returned, the items of correction are reviewed and noted on the Corrective Action Tracking Sheet.
- All original copies of the Case Action Review Worksheets, for both error and error free cases, are kept and reviewed by the supervisors on a bi-monthly basis.
- New workers will not be included for at least six months in random review. Begin date for new workers will be up to supervisor's discretion.

*Corrective Action Review Tracking Sheet??*

#### D. SAMPLE SIZE

- The monthly CSR sample size for Warren County will be no less than 4 certifications, 4 recertifications and 4 undercare maintenance per worker.
- SSI Medicaid cases are excluded from both 100% supervisor review and CSR.
- At our discretion, error prone cases will be reviewed on a case by case basis.
- Denials, withdrawals, State generated maintenance and closings are not part of the CSR and are not required to be reviewed or signed as a part of CSR.

#### E. SAMPLE SELECTION

The CSR requires that the cases involved in the sample be selected randomly to assure that on an ongoing basis the sample is truly representative. To ensure randomness, the following selection process will be followed:

- Each day, supervisors, based on their schedules and the number of transactions yet to be reviewed in the sample month, will decide if they will conduct any CSR reviews that day. Supervisors will select at random from the Daily Data Feedback Report during the month until the desired sample is reached for each type of review.

#### F. DOCUMENTS

- Case Action Check List Line workers use this form as desk guide to ensure that all eligibility factors have been investigated.
- Corrective Action Tracking Sheet Supervisors use this form as a guide as they review the sample cases for certification, recertification and undercare. It is a 2 copy carbonless sheet created for supervisors to record the results of their review. Cases with errors or in need of follow-up activities are returned to the worker along with the Tracking Sheets. For error free cases and corrected/resolved cases the Tracking Sheets are kept for review for follow up activities.
- Supervisory Review Control Sheet The CSR requires that a specific number of reviews be completed for each worker during each review

period. In order to assist the supervisor in tracking the number and types of reviews that are completed for each worker, a local Supervisory Review Control Sheet has been developed. One sheet may be completed for each worker during each month. Entries on the form include:

- worker name
- supervisor
- review month and year
- case name
- check box if the review is a certification, recertification or undercare
- review date
- check box for error free or error
- date corrections are expected to be completed (due date)
- date the corrected case was returned and re-reviewed (returned date)
- comments are for any notes the supervisor wishes to make in respect to specific cases /errors or general findings.

These forms, with copies of tracking sheets from error cases attached, are to be retained by the supervisors after the review period and may be used to assist the supervisors in identifying specific worker error trends and training needs.

#### G SECOND LEVEL REVIEWS

Second level reviews will be conducted by the Medicaid Unit at a higher supervisory level. Reviews will be conducted on cases that were found both in error and error free, in the first level review. A minimum of 10 second level reviews will be conducted monthly.

Second level reviews are identical to first level reviews and include the use of Corrective Action Tracking Sheets. The results of the second level reviews will be communicated to the respective supervisors via the completed Tracking Sheets. Errors are to be corrected immediately by line staff.

#### H. FOLLOW-UP ACTIVITIES

While the interaction between line supervisors and workers serve as the foundation of the CSR, it is the follow-up activities that provide the long-range benefits.

Supervisory staff will meet bi-monthly or more, if necessary, to discuss common errors identified, Corrective Action to be taken and to review problem areas as identified. Line supervisors will be responsible for holding follow-up meetings with line staff to discuss project findings, provide training as necessary, discuss new policy, etc.

The CSR requires that on a semi-annual basis, that a "corrective action" meeting be held. The purpose of this meeting would be:

- review and analyze the results of the Supervisory Review Process;
- identify error trends and patterns;
- develop corrective action strategies and recommendations.

#### I. MISCELLANEOUS

The CSR is basically a monthly process. As indicated, Cert/Recert/Undercare transactions are to be reviewed and Corrective Action Tracking Sheets completed on each review.

While the CSR is geared to monthly activities, the semi-annual review and meetings are the more critical time frame, as this is where corrective action strategies will be developed.

8/26/04 Staff Mtg.

Re: Supervisory Review

1. When giving case back to Suki/Jamie with corrections that result in a new authorization, leave auth. pgs. together on top of case file (Sign, Fold, Don't tear apart)
2. Don't throw out work w/errors
3. Will be reminded of overdue error corrections by copying Supervisory Review Control Sheet

# ***RESOLUTION REQUEST FORM NO. 11***

## ***Request to Create New Position***

**DEPARTMENT NAME: SOCIAL SERVICES**

**DATE: 4/23/12**

- (a) Title of Requested Position: Principal Social Welfare Examiner #
- (b) Annual **Base** Salary (and Grade if Applicable): \$36,410
- (c) Effective Date for New Position:\* May 18, 2012  
\*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): None
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: A.6010 110 Salaries - Regular \$36,410
- (f) Has Personnel Officer Reviewed and Approved of the New Position Title? (This is necessary **BEFORE** bringing the request to committees.)
- (g) Is this a mandated position? If so, please explain: This position is mandated by New York State.
- (h) Is there expected revenue from this position? If so, please explain: This position would be 100 percent reimbursable by the State of New York.

Civil Service Law, Section 22: Certification for positions. Before any new position in the service of a civil division shall be created or any existing position in such service shall be reclassified, the proposal therefore, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position or the position to be reclassified. Any such new position shall be created or any such existing position reclassified only with the title approved and certified by the commission. Effective 1978

**Warren County Civil Service  
1340 State Rte 9, Lake George, NY 12845  
New Position Duties Statement**

Department head or other authority requesting the creation of a new position, prepare a separate description for each new position to be created except that one description may cover two or more identical positions in the same organizational unit.

Forward one typed copy to this Commission.

<b>1. Department</b> SOCIAL SERVICES	<b>Bureau, Division, Unit or Section</b> MEDICAID UNIT (40.03)	<b>Location of Position</b>
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**2. Description of Duties:** Describe the work in sufficient detail to give a clear word picture of the job. Use a separate paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.

Percent of Work Time	Job Duty
100%	<p><b>PRINCIPAL SOCIAL WELFARE EXAMINER</b></p> <p><b>GENERAL STATEMENT OF DUTIES:</b> Depending upon the examining workload and organizational structure of the agency, may supervise a group of examiners and senior examiners or a unit or a section responsible for determining financial eligibility for the various programs administered by the local social services district or the validation section; does related work as required.</p> <p><b>DISTINGUISHING FEATURES OF THE CLASS:</b> This is an administrative position involving responsibility for planning, coordinating, supervising and managing the performance and activities of a group of employees, a unit or section depending on the organizational structure of the agency. Duties, though similar to those of a senior social welfare examiner, are broader in scale, are performed with more independence and involve a greater variety of related functions and the exercise of supervision over a greater number of subordinates. Work is performed under supervision of a higher level social welfare examiner or under the general supervision of the Commissioner of Social Services or Deputy Commissioner of Social Services if assigned to the validation section.</p> <p><b>TYPICAL WORK ACTIVITIES:</b> (Illustrative only)</p> <p>Assists in the formulation of policies and procedures which relate to financial eligibility;            Interprets federal, state and local policies and programs as they relate to financial eligibility;            Plans, coordinates, supervises and manages the activities within assigned area of responsibility;            Establishes necessary controls for determining staff performance and makes necessary performance evaluation;            Reviews recommendations made by lower level examiners and approves or disapproves them;            Approves referral of clients to social service section for services;            Maintains cooperative relationships with other units and sections of the agency through administrative channels;            Maintains contact with community groups and other agencies in area of responsibility.</p> <p><b>(Attach additional sheets if more space is needed)</b></p>

April 24, 2012

**3. Names and Titles of Persons Supervising this position (General, Direct, Administrative, etc.)**

<u>Name</u>	<u>Title</u>	<u>Type of Supervision</u>
Suzanne Wheeler	Acting Commissioner	
Maureen Schmidt	Acting Deputy Commissioner	

**4. Names and Titles of Persons Supervised by Employee in this position**

<u>Name</u>	<u>Title</u>	<u>Type of Supervision</u>
-		

5. Names and Titles of Persons doing substantially the same kind and level of work as will be done by the incumbent of this new position

<u>Name</u>	<u>Title</u>	<u>Location of Position</u>
Jamie Brochu	Principal Social Welfare Examiner #2	Medicaid Unit

6. What minimum qualifications do you think should be required for this position?

**Education:** High School \_\_\_\_\_ Years  
College \_\_\_\_\_ Years, with specialization in \_\_\_\_\_  
College \_\_\_\_\_ Years, with specialization in \_\_\_\_\_

**Experience: (list amount and type)**

**MINIMUM QUALIFICATIONS:** Four years experience in examining, investigating or evaluating claims for assistance, veteran's or unemployment benefits, insurance or a similar program operating under established criteria for eligibility, one year of which has been in a supervisory capacity.

**NOTE:** Study in a regionally accredited college or university or one registered by New York State or business college registered by New York State may be substituted for three (3) years of the general experience but not for the supervisory experience one year for year basis.

**Essential knowledge, skills and abilities:**

**FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:**

Through knowledge of federal, state and local social services laws and programs as they affect eligibility for financial assistance; thorough knowledge of the agency's overall programs, policies and procedures, good knowledge of other laws and programs which may affect eligibility such as Workman's Compensation, Social Security and Unemployment Insurance; good knowledge of modern principles of supervision; ability to communicate and deal effectively with others; ability to plan, coordinate, manage and supervise the work of others and to evaluate their performance; ability to prepare reports; initiative; tact; good judgment; leadership; emotional maturity and physical condition commensurate with the demands of the position.

**Type of license or certificate required:**

7. The above statements are accurate and complete.

Date: 4/24/12

Title: Acting Commissioner

Signature:

**Certificate of Civil Service Commission**

8. In accordance with the provisions of Civil Service Law Section 22, the Warren County Civil Service Department certifies that the appropriate civil service title for the position described is:

Title: \_\_\_\_\_

Jurisdictional Classification: \_\_\_\_\_

Date:

Signature:

**Action by Legislative Body or Other Approving Authority**

9. Creation of described position

- Approved  
 Disapproved

Date:

Signature:

# RESOLUTION REQUEST FORM NO. 11

## Request to Create New Position

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 4/23/12

- (a) Title of Requested Position: Senior Social Welfare Examiner #
- (b) Annual **Base** Salary (and Grade if Applicable): \$33,026
- (c) Effective Date for New Position:\* May 18, 2012  
\*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): None
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: A.6010 110 Salaries-Regular \$33,029
- (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. This position is being created in our Medicaid Unit, mandated by the State of New York.
- (h) Is there expected revenue from this position? If so, please explain: The County would be 100 percent reimbursed for this position by NYS.

Civil Service Law, Section 22. Certification for positions. Before any new position in the service of a civil division shall be created or any existing position in such service shall be reclassified, the proposal therefore, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position or the position to be reclassified. Any such new position shall be created or any such existing position reclassified only with the title approved and certified by the commission. Effective 1978

**Warren County Civil Service  
1340 State Rte 9, Lake George, NY 12845  
New Position Duties Statement**

Department head or other authority requesting the creation of a new position, prepare a separate description for each new position to be created except that one description may cover two or more identical positions in the same organizational unit.

Forward one typed copy to this Commission.

<b>1. Department</b> SOCIAL SERVICES	<b>Bureau, Division, Unit or Section</b> MEDICAID UNIT	<b>Location of Position</b>
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**2. Description of Duties:** Describe the work in sufficient detail to give a clear word picture of the job. Use a separate paragraph for each kind of work and describe the more important or time-consuming duties first. In the left column, estimate how the total working time is divided.

Percent of Work Time	Job Duty
100%	<p><b>SENIOR SOCIAL WELFARE EXAMINER</b></p> <p><b>GENERAL STATEMENT OF DUTIES:</b> Depending on the examining workload and the organizational structure of the agency, may supervise a group of examiners, or a unit, or the eligibility section; or validates a sample of the terminations for assistance under programs administered by a local social services district; does related work as required.</p> <p><b>DISTINGUISHING FEATURES OF THE CLASS:</b> This is an experienced worker who can assume responsibility for (1) supervision of a group of workers establishing financial eligibility for the various programs administered by the local social services district; (2) supervision of a unit within the eligibility section; (3) supervision of an entire section responsible for establishing financial eligibility; or (4) verification including field review of a sample of the initial financial eligibility determination in the validation section. The role that this individual assumes depends upon the workload and organizational structure of the agency. Work is performed under supervision of a higher level social welfare examiner or under the general supervision of the Commissioner of Social Services or Deputy Commissioner of the Social Services if assigned to validation section.</p> <p><b>TYPICAL WORK ACTIVITIES: (Illustrative only)</b></p> <p>In the validation section:</p> <ul style="list-style-type: none"> <li>- Reviews documents available in the agency's files to verify eligibility and/or to determine the additional action necessary to verify eligibility;</li> <li>- contacts cooperating agencies to verify client's eligibility;</li> <li>- Makes field visits, when necessary, to verify information relevant to the validation process, obtains corroborative written or recorded documentation in cases of possible ineligibility;</li> <li>- Appears at Administrative or Judicial proceedings when required to interpret decisions on applications;</li> <li>- Interviews applicants and recipients, and, as needed, collateral contacts redocumentation of eligibility for public assistance;</li> <li>- Reports findings of investigation, makes recommendations for proper disposition of cases reviewed, i.e., reduce grant, close case, release grant, refer to law enforcement;</li> <li>- Prepares required statistical reporting appropriate to action;</li> <li>- Provides feedback on validity of decisions to the agency to pin-point causes of error.</li> </ul> <p>In eligibility determination section, depending upon the examining workload may do any or all of the following:</p> <ul style="list-style-type: none"> <li>- Serves as a working supervisor over a group of social welfare examiners, or supervises a unit or section;</li> <li>- Reviews social welfare examiner's recommendation and approves or disapproves it;</li> <li>- Approves referral of clients to social services section for services;</li> <li>- Assists in the formulation of policies and procedures and interprets federal, state and local policies and programs;</li> <li>- Establishes necessary controls for determining staff performance and makes necessary performance evaluations.</li> </ul> <p><b>(Attach additional sheets if more space is needed)</b></p>

<u>Name</u>	<u>Title</u>	<u>Type of Supervision</u>
Suzanne F. Wheeler	Acting Commissioner	
Maureen Schmidt	Acting Deputy Commissioner	

4. Names and Titles of Persons Supervised by Employee in this position

<u>Name</u>	<u>Title</u>	<u>Type of Supervision</u>
Jamie Brochu-	Principal Social Welfare Examiner #2	

5. Names and Titles of Persons doing substantially the same kind and level of work as will be done by the incumbent of this new position

<u>Name</u>	<u>Title</u>	<u>Location of Position</u>
Jamie Brochu	Principal Social Welfare Examiner #2	

6. What minimum qualifications do you think should be required for this position?

**Education:** High School \_\_\_\_\_ Years  
 College \_\_\_\_\_ Years, with specialization in \_\_\_\_\_  
 College \_\_\_\_\_ Years, with specialization in \_\_\_\_\_

**Experience: (list amount and type)**

Promotion: One year of permanent competitive status as a Social Welfare Examiner.

Open Competitive: Three (3) years of experience in examining, investigating or evaluating claims for assistance, veterans, or unemployment benefits, insurance or a similar program operating under established criteria for eligibility.

NOTE: Study in a regionally accredited college or university or one registered by New York State or a business school registered by New York State may be substituted for two (2) years of the experience on a year for year basis.

**Essential knowledge, skills and abilities:**

REQUIRED KNOWLEDGES, SKILLS AND ABILITIES: Good knowledge of federal state and local social services laws and programs as they affect eligibility fo financial assistance and money payments; such as Workman's Compensation, Social Security and Unemployment Insurance; ability to deal effectively with others; abiliity to analyze facts obtained and use facts in making judgments regarding eligibility; ability to understand and follow directions; good powers of observation and perception; intiative; tact; judgment; emotional maturity and good health.

**Type of license or certificate required:**

7. The above statements are accurate and complete.

Date: 4/24/12

Title:

Signature:

8. In accordance with the provisions of Civil Service Law Section 22, the Warren County Civil Service Department certifies that the appropriate civil service title for the position described is:

Title: \_\_\_\_\_

Jurisdictional Classification: \_\_\_\_\_

Date:

Signature:

**Action by Legislative Body or Other Approving Authority**

9. Creation of described position

- Approved
- Disapproved

Date:

Signature:

Return One Completed Copy To Warren County Civil Service

April 24, 2012

# 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: 4/23/12

(a) Purpose of Amendment: **Requesting to amend the 2012 County Budget due to the creation of two (2) positions within the Medicaid Unit that are 100 percent reimbursable.**

(b) Appropriation Code, Object Code, Full Title and Amount:

A.6010 110 Salaries-Regular	\$19,265
A.6010 110 Salaries-Regular	\$21,239
A.6010 110 Retirement	\$ 7,453
A.6010 830 Social Security	\$ 2,354
A.6010 831 Medicare Contribution	\$ 587
A.6010 860 Hospitalization	\$18,847
A.6010 865 Dental Insurance	\$ 336

(c) Revenue Code (with title), and Amount:

A.6010 3610 Social Services Admin	\$70,081
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**BUDGET ANALYSIS**

REVENUE AND EXPENDITURES FOR MARCH 2012

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V

CODE(S): 6010, 6030, 6050, 6070, 6100, 6101, 6106, 6109, 6119, 6123, 6129, 6140, 6141, 6142, 9785, 7311, 7312, 7313

EXPENSES	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
110 Salaries - Regular	\$5,378,442.00	\$407,371.09	\$5,455,682.88
120 Salaries - Overtime	\$90,000.00	\$4,325.93	\$83,316.25
130 Salaries - Part Time	\$113,743.00	\$16,414.74	\$134,631.56
Salaries - Sick Leave Incentive	\$13,600.00		\$9,100.00
<b>100's PERSONAL SERVICES Total</b>	<b>\$5,595,785.00</b>	<b>\$428,111.76</b>	<b>\$5,682,730.69</b>
200's EQUIPMENT	\$33,633.42	\$436.75	\$28,605.24
400's CONTRACTUAL	\$24,005,508.58	\$1,767,995.60	\$22,685,075.83
600's INDEBTEDNESS	\$139,031.00	\$5,070.82	\$126,513.39
700's INDEBTEDNESS	\$85,736.00	\$1,815.40	\$90,252.57
800's EMPLOYEE BENEFITS	\$3,262,809.00	\$256,355.00	\$3,030,184.06
<b>TOTALS</b>	<b>\$33,122,503.00</b>	<b>\$2,459,785.33</b>	<b>\$31,643,361.78</b>

REVENUES	2012 BUDGETED	2012 YTD ACTUAL	2011 Prior Year Totals
	\$15,882,605.00	\$1,593,996.00	\$14,907,500.53

# Expense Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Department: 6010 Social Services											
Fund: A General											
EXPENSE											
<u>Account Classification - Personal Services</u>											
110	Salaries - Regular	\$4,623,852.00	\$0.00	\$4,623,852.00	\$353,989.98	\$0.00	\$1,064,939.07	\$3,558,912.93	23%	23%	\$4,730,111.41
120	Salaries - Overtime	\$54,000.00	\$0.00	\$54,000.00	\$4,010.25	\$0.00	\$10,382.32	\$43,617.68	19%	19%	\$57,593.25
130	Salaries - Part Time	\$10,613.00	\$0.00	\$10,613.00	\$4,905.18	\$0.00	\$21,205.95	(\$10,592.95)	200%	200%	\$29,627.48
140	Salaries - Sick Leave Incentive	\$9,600.00	\$0.00	\$9,600.00	\$0.00	\$0.00	\$0.00	\$9,600.00	0%	0%	\$6,400.00
	<b>Personal Services Totals:</b>	<b>\$4,698,065.00</b>	<b>\$0.00</b>	<b>\$4,698,065.00</b>	<b>\$362,885.41</b>	<b>\$0.00</b>	<b>\$1,096,527.34</b>	<b>\$3,601,537.66</b>	<b>23%</b>	<b>23%</b>	<b>\$4,623,732.14</b>
<u>Account Classification - Equipment</u>											
210	Furniture/Furnishings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	+++	\$1,731.26
220	Office Equipment	\$9,000.00	\$0.00	\$9,000.00	\$436.75	\$0.00	\$436.75	\$8,563.25	5%	5%	\$3,783.71
230	Automotive Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	+++	\$0.00
250	Technical Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	+++	\$0.00
260	Other Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	+++	\$0.00
	<b>Equipment Totals:</b>	<b>\$9,000.00</b>	<b>\$0.00</b>	<b>\$9,000.00</b>	<b>\$436.75</b>	<b>\$0.00</b>	<b>\$436.75</b>	<b>\$8,563.25</b>	<b>5%</b>	<b>5%</b>	<b>\$5,514.97</b>
<u>Account Classification - Contractual Expense</u>											
410	Supplies	\$45,000.00	\$0.00	\$45,000.00	\$5,398.23	\$11,622.05	\$11,475.95	\$21,902.00	51%	51%	\$46,961.61
411	Rent-Building/Property	\$564,547.00	\$0.00	\$564,547.00	\$141,136.74	\$0.00	\$141,136.74	\$423,410.26	25%	25%	\$564,546.94
413	Repair & Maint. - Bldg/Property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	+++	\$0.00
418	Ins-General Liability	\$58,166.00	\$0.00	\$58,166.00	\$0.00	\$0.00	\$50,691.82	\$7,474.18	87%	87%	\$55,395.13
421	Equipment Rental	\$9,000.00	\$0.00	\$9,000.00	\$101.20	\$0.00	\$1,234.53	\$7,765.47	14%	14%	\$7,889.82
422	Repair/Maint-Equipment	\$9,500.00	\$0.00	\$9,500.00	\$2,480.00	\$0.00	\$4,409.50	\$5,090.50	46%	46%	\$9,618.07
423	Telephone	\$23,000.00	\$0.00	\$23,000.00	\$1,702.93	\$0.00	\$4,076.56	\$18,923.44	18%	18%	\$21,421.18
424	Postage	\$40,000.00	\$0.00	\$40,000.00	\$5,308.83	\$0.00	\$5,913.83	\$34,086.17	15%	15%	\$36,139.47
426	Subscriptions	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$169.00	\$831.00	17%	17%	\$518.00
427	Memberships & Dues	\$4,000.00	\$0.00	\$4,000.00	\$0.00	\$0.00	\$3,919.00	\$81.00	98%	98%	\$3,842.00
428	Data Processing & Internet Fees	\$3,500.00	\$0.00	\$3,500.00	\$230.00	\$0.00	\$460.00	\$3,040.00	13%	13%	\$2,117.00
432	Special Project Supply	\$95,000.00	\$0.00	\$95,000.00	\$0.00	\$0.00	\$0.00	\$95,000.00	0%	0%	\$95,000.00
435	Medical Fees	\$20,000.00	(\$17.20)	\$19,982.80	\$456.77	\$0.00	\$920.22	\$19,062.58	5%	5%	\$12,905.63
436	Advertising Fees	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$651.42	\$0.00	\$848.58	43%	43%	\$485.45
437	Consulting Fees	\$8,000.00	\$17.20	\$8,017.20	\$1,336.20	\$6,681.00	\$1,336.20	\$0.00	100%	100%	\$7,860.00
439	Misc Fees & Expenses	\$7,250.00	\$0.00	\$7,250.00	\$679.00	\$800.00	\$1,774.00	\$4,676.00	36%	36%	\$9,157.49
440	Legal/Transcript Fees	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$0.00	\$25,000.00	0%	0%	\$21,982.04
441	Auto-Supplies & Repair	\$4,000.00	\$0.00	\$4,000.00	\$963.73	\$0.00	\$963.73	\$3,036.27	24%	24%	\$6,740.81
442	Automotive - Gas & Oil	\$21,000.00	\$0.00	\$21,000.00	\$837.36	\$0.00	\$1,878.46	\$19,121.54	9%	9%	\$16,764.52
443	Auto Rental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	+++	\$0.00
444	Travel/Education/Conference	\$35,000.00	\$0.00	\$35,000.00	\$2,290.20	\$0.00	\$3,819.83	\$31,180.17	11%	11%	\$37,561.69
445	Foods	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	+++	\$0.00
470	Contract	\$477,000.00	\$0.00	\$477,000.00	\$23,060.10	\$102,910.66	\$29,145.44	\$344,943.90	28%	28%	\$486,151.50

# Expense Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Department: 6010 Social Services</b>											
<b>Fund: A General</b>											
<b>EXPENSE</b>											
<b>Account Classification - Contractual Expense</b>											
472	Bank Charges	\$0.00	\$0.00	\$0.00	\$0.00	\$185,981.29	\$122,665.13	\$263,324.81	\$0.00	27%	\$1,443,058.35
<b>Contractual Expense Totals:</b>		\$1,451,463.00	\$0.00	\$1,451,463.00	\$185,981.29	\$122,665.13	\$263,324.81	\$1,065,473.06	\$0.00	27%	\$1,443,058.35
<b>Account Classification - Employee Benefits</b>											
810	Retirement	\$808,368.00	\$0.00	\$808,368.00	\$54,223.52	\$291,273.00	\$0.00	\$189,975.83	\$618,392.17	24%	\$675,960.23
830	Social Security	\$291,273.00	\$0.00	\$291,273.00	\$21,648.74	\$68,120.00	\$0.00	\$66,464.08	\$224,808.92	23%	\$290,451.88
831	Medicare Contribution	\$68,120.00	\$0.00	\$68,120.00	\$5,063.00	\$19,162.00	\$0.00	\$15,544.02	\$52,575.98	23%	\$68,002.93
860	Hospitalization	\$1,155,485.00	(\$10,000.00)	\$1,145,485.00	\$103,077.44	\$19,162.00	\$0.00	\$311,063.80	\$634,421.20	27%	\$1,146,377.07
865	Dental Insurance	\$19,162.00	\$0.00	\$19,162.00	\$1,683.00	\$0.00	\$0.00	\$5,089.00	\$14,073.00	27%	\$21,363.00
<b>Employee Benefits Totals:</b>		\$2,342,408.00	(\$10,000.00)	\$2,332,408.00	\$185,695.70	\$2,332,408.00	\$0.00	\$588,136.73	\$1,744,271.27	25%	\$2,202,155.11
<b>Account Classification - Other Benefits</b>											
840	Workmen's Compensation	\$20,203.00	\$0.00	\$20,203.00	\$0.00	\$18,400.00	\$0.00	\$20,203.00	\$0.00	100%	\$16,394.48
850	Unemployment Insurance	\$18,400.00	\$0.00	\$18,400.00	\$0.00	\$6,100.00	\$0.00	\$0.00	\$18,400.00	0%	\$30,501.51
855	Disability	\$6,100.00	\$0.00	\$6,100.00	\$0.00	\$321,479.00	\$0.00	\$79,499.10	\$6,100.00	0%	\$8,414.66
861	Retirees Hospitalization	\$321,479.00	\$0.00	\$321,479.00	\$26,499.70	\$10,000.00	\$0.00	\$4,257.50	\$241,979.90	25%	\$300,012.98
862	EPO Co-Pay	\$0.00	\$10,000.00	\$10,000.00	\$1,425.00	\$0.00	\$0.00	\$4,257.50	\$5,742.50	43%	\$0.00
<b>Other Benefits Totals:</b>		\$366,182.00	\$10,000.00	\$376,182.00	\$27,924.70	\$376,182.00	\$0.00	\$103,959.60	\$272,222.40	28%	\$355,323.63
<b>EXPENSE Totals</b>		\$8,867,118.00	\$0.00	\$8,867,118.00	\$762,923.85	\$122,665.13	\$2,052,385.23	\$6,692,067.64	\$8,829,784.20	25%	\$8,829,784.20
<b>Department: 6010 Social Services Totals:</b>		(\$8,867,118.00)	\$0.00	(\$8,867,118.00)	(\$762,923.85)	(\$122,665.13)	(\$2,052,385.23)	(\$6,692,067.64)	(\$8,829,784.20)	25%	(\$8,829,784.20)
<b>Department: 6030 Countryside Adult Home</b>											
<b>EXPENSE</b>											
<b>Account Classification - Personal Services</b>											
110	Salaries - Regular	\$754,590.00	\$0.00	\$754,590.00	\$53,401.11	\$36,000.00	\$0.00	\$172,302.49	\$582,287.51	23%	\$720,022.01
120	Salaries - Overtime	\$36,000.00	\$0.00	\$36,000.00	\$315.68	\$88,310.00	\$0.00	\$6,170.29	\$29,829.71	17%	\$25,723.00
130	Salaries - Part Time	\$88,310.00	\$0.00	\$88,310.00	\$10,354.56	\$4,000.00	\$0.00	\$28,365.18	\$59,924.82	32%	\$91,751.73
140	Salaries - Sick Leave Incentive	\$4,000.00	\$0.00	\$4,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,000.00	0%	\$2,700.00
<b>Personal Services Totals:</b>		\$882,900.00	\$0.00	\$882,900.00	\$64,071.35	\$882,900.00	\$0.00	\$206,857.96	\$676,042.04	23%	\$840,196.74
<b>Account Classification - Equipment</b>											
210	Furniture/Furnishings	\$4,000.00	(\$775.00)	\$3,225.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,225.00	0%	\$393.90
220	Office Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
230	Automotive Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$22,209.00
260	Other Equipment	\$0.00	\$775.00	\$775.00	\$0.00	\$0.00	\$0.00	\$0.00	\$775.00	0%	\$389.99
270	Lawn & Landscaping	\$150.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	0%	\$97.38
<b>Equipment Totals:</b>		\$4,150.00	\$0.00	\$4,150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,150.00	0%	\$23,090.27
<b>Account Classification - Contractual Expense</b>											
410	Supplies	\$30,500.00	\$0.00	\$30,500.00	\$2,619.42	\$0.00	\$5,904.97	\$6,467.13	\$18,127.90	41%	\$21,476.43
411	Rent-Building/Property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
413	Repair & Maint. - Bldg/Property	\$30,000.00	\$0.00	\$30,000.00	\$1,441.35	\$30,000.00	\$4,500.00	\$2,868.51	\$22,631.49	25%	\$21,056.84

# Expense Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Department: 6030 Countryside Adult Home										
Fund: A General										
EXPENSE										
<u>Account Classification - Contractual Expense</u>										
415	Electricity	\$40,000.00	\$0.00	\$40,000.00	\$1,779.50	\$0.00	\$4,301.13	\$35,698.87	11%	\$31,415.87
416	Oil & Gas-Heating	\$54,000.00	\$0.00	\$54,000.00	\$5,482.09	\$0.00	\$15,967.73	\$38,032.27	30%	\$47,206.10
418	Ins-General Liability	\$8,700.00	\$0.00	\$8,700.00	\$0.00	\$0.00	\$7,406.90	\$1,293.10	85%	\$6,902.37
421	Equipment Rental	\$2,400.00	\$0.00	\$2,400.00	\$150.00	\$0.00	\$450.00	\$1,950.00	19%	\$1,940.48
422	Repair/Maint-Equipment	\$1,500.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$1,500.00	0%	\$27.88
423	Telephone	\$3,500.00	\$0.00	\$3,500.00	\$256.05	\$0.00	\$592.49	\$2,907.51	17%	\$3,208.02
424	Postage	\$400.00	\$0.00	\$400.00	\$8.36	\$0.00	\$8.36	\$391.64	2%	\$128.31
426	Subscriptions	\$250.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0%	\$231.40
428	Data Processing & Internet Fees	\$1,200.00	\$0.00	\$1,200.00	\$84.96	\$0.00	\$254.88	\$945.12	21%	\$1,019.52
432	Special Project Supply Allowances	\$2,000.00	\$0.00	\$2,000.00	\$145.74	\$0.00	\$145.74	\$1,854.26	7%	\$902.05
434	Medical Fees	\$25,800.00	\$0.00	\$25,800.00	\$1,750.00	\$0.00	\$5,100.00	\$20,700.00	20%	\$20,400.00
435	Advertising Fees	\$3,000.00	\$0.00	\$3,000.00	\$180.00	\$0.00	\$285.00	\$2,715.00	10%	\$2,895.00
436	Consulting Fees	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0%	\$932.90
437	Misc Fees & Expenses	\$15,500.00	\$0.00	\$15,500.00	\$1,009.16	\$0.00	\$3,007.67	\$12,492.33	19%	\$14,062.44
439	Legal/Transcript Fees	\$2,250.00	\$0.00	\$2,250.00	\$190.00	\$0.00	\$575.00	\$1,675.00	26%	\$605.00
440	Auto-Supplies & Repair	\$2,500.00	\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$2,000.00	0%	\$0.00
441	Automotive - Gas & Oil	\$5,000.00	\$0.00	\$5,000.00	\$19.94	\$0.00	\$19.94	\$2,480.06	1%	\$1,314.80
442	Travel/Education/Conference	\$1,500.00	\$0.00	\$1,500.00	\$379.27	\$0.00	\$768.84	\$4,231.16	15%	\$4,599.62
444	Foods	\$80,000.00	\$0.00	\$80,000.00	\$6,388.59	\$4,889.05	\$15,764.78	\$59,346.17	26%	\$74,894.86
445	Medical Supply Expense	\$6,000.00	\$0.00	\$6,000.00	\$70.20	\$0.00	\$96.12	\$5,903.88	2%	\$3,110.29
451	Uniforms & Clothing	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	0%	\$100.00
453	Contract	\$19,000.00	\$0.00	\$19,000.00	\$0.00	\$0.00	\$710.88	\$18,289.12	4%	\$17,143.62
470	Contract	\$338,100.00	\$0.00	\$338,100.00	\$22,653.63	\$15,294.02	\$65,490.10	\$257,315.88	24%	\$276,512.80
<b>Contractual Expense Totals:</b>										
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<u>Account Classification - Indebtedness</u>										
710	Interest-Indebtedness	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>Indebtedness Totals:</b>										
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<u>Account Classification - Employee Benefits</u>										
810	Retirement	\$146,981.00	\$0.00	\$146,981.00	\$8,911.30	\$0.00	\$32,240.61	\$114,740.39	22%	\$116,733.48
830	Social Security	\$54,740.00	\$0.00	\$54,740.00	\$3,815.41	\$0.00	\$12,483.29	\$42,256.71	23%	\$50,512.87
831	Medicare Contribution	\$12,801.00	\$0.00	\$12,801.00	\$892.32	\$0.00	\$2,919.50	\$9,881.50	23%	\$11,807.58
860	Hospitalization	\$245,159.00	\$0.00	\$245,159.00	\$19,959.84	\$0.00	\$60,357.28	\$184,801.72	25%	\$205,292.55
865	Dental Insurance	\$4,512.00	\$0.00	\$4,512.00	\$368.00	\$0.00	\$1,090.00	\$3,422.00	24%	\$4,289.56
<b>Employee Benefits Totals:</b>										
		\$464,193.00	\$0.00	\$464,193.00	\$33,946.87	\$0.00	\$109,090.68	\$355,102.32	24%	\$388,636.04
<u>Account Classification - Other Benefits</u>										
840	Workmen's Compensation	\$6,880.00	\$1.00	\$6,881.00	\$0.00	\$0.00	\$6,880.39	\$0.61	100%	\$3,214.86
850	Unemployment Insurance	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$4,336.00

# Expense Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund: A General										
Department: 6030 Countryside Adult Home										
EXPENSE										
Account Classification - Other Benefits										
855	Disability	\$3,000.00	(\$1.00)	\$2,999.00	\$0.00	\$0.00	\$0.00	\$2,999.00	0%	\$949.09
861	Retirees Hospitalization	\$62,365.00	\$0.00	\$62,365.00	\$7,056.06	\$0.00	\$16,537.62	\$45,827.38	27%	\$57,063.44
862	EPO Co-Pay	\$0.00	\$0.00	\$0.00	\$195.00	\$0.00	\$658.22	(\$658.22)	+++	\$0.00
	Other Benefits Totals:	\$77,245.00	\$0.00	\$77,245.00	\$7,251.06	\$0.00	\$24,076.23	\$53,168.77	31%	\$65,563.39
	EXPENSE Totals	\$1,766,588.00	\$0.00	\$1,766,588.00	\$127,922.91	\$15,294.02	\$405,514.97	\$1,345,779.01	24%	\$1,593,999.24
	Department: 6030 Countryside Adult Home Totals:	(\$1,766,588.00)	\$0.00	(\$1,766,588.00)	(\$127,922.91)	(\$15,294.02)	(\$405,514.97)	(\$1,345,779.01)	24%	(\$1,593,999.24)
Department: 6050 Public Facil. For Children										
EXPENSE										
Account Classification - Personal Services										
130	Salaries - Part Time	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Personal Services Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Equipment										
210	Furniture/Furnishings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
230	Automotive Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Equipment Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Contractual Expense										
413	Repair & Maint- Bidg/Property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
415	Electricity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
416	Oil & Gas-Heating	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
417	Water/Sewer/Taxes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
418	Ins-General Liability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
422	Repair/Maint-Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
423	Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
436	Advertising Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
439	Misc Fees & Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
441	Auto-Supplies & Repair	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
442	Automotive - Gas & Oil	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
457	Child Care Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
469	Other	\$20,000.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	0%	\$4,896.92
470	Payments/Contributions Contract	\$105,000.00	\$0.00	\$105,000.00	\$10,960.40	\$39,039.60	\$10,960.40	\$55,000.00	48%	\$86,388.17
	Contractual Expense Totals:	\$125,000.00	\$0.00	\$125,000.00	\$10,960.40	\$39,039.60	\$10,960.40	\$75,000.00	40%	\$91,285.09
Account Classification - Employee Benefits										
830	Social Security	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
831	Medicare Contribution	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Employee Benefits Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Other Benefits										
840	Workmen's Compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00

# Expense Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd
<b>Department: 6050 Public Facil. For Children</b>									
<b>EXPENSE</b>									
	Other Benefits Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
	EXPENSE Totals	\$125,000.00	\$0.00	\$125,000.00	\$10,960.40	\$39,039.60	\$10,960.40	\$75,000.00	40%
		(\$125,000.00)	\$0.00	(\$125,000.00)	(\$10,960.40)	(\$39,039.60)	(\$10,960.40)	(\$75,000.00)	40%
<b>Department: 6050 Public Facil. For Children Totals:</b>									
<b>Department: 6055 Daycare</b>									
<b>EXPENSE</b>									
<b>Account Classification - Contractual Expense</b>									
470	Contract	\$1,505,000.00	\$0.00	\$1,505,000.00	\$103,757.16	\$0.00	\$204,623.02	\$1,300,376.98	14%
	Contractual Expense Totals:	\$1,505,000.00	\$0.00	\$1,505,000.00	\$103,757.16	\$0.00	\$204,623.02	\$1,300,376.98	14%
	EXPENSE Totals	\$1,505,000.00	\$0.00	\$1,505,000.00	\$103,757.16	\$0.00	\$204,623.02	\$1,300,376.98	14%
		(\$1,505,000.00)	\$0.00	(\$1,505,000.00)	(\$103,757.16)	\$0.00	(\$204,623.02)	(\$1,300,376.98)	14%
<b>Department: 6070 Services for Recipients</b>									
<b>EXPENSE</b>									
<b>Account Classification - Contractual Expense</b>									
439	Misc Fees & Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++
470	Contract	\$573,952.00	\$0.00	\$573,952.00	\$6,493.62	\$0.00	\$7,669.95	\$566,282.05	1%
	Contractual Expense Totals:	\$573,952.00	\$0.00	\$573,952.00	\$6,493.62	\$0.00	\$7,669.95	\$566,282.05	1%
	EXPENSE Totals	\$573,952.00	\$0.00	\$573,952.00	\$6,493.62	\$0.00	\$7,669.95	\$566,282.05	1%
		(\$573,952.00)	\$0.00	(\$573,952.00)	(\$6,493.62)	\$0.00	(\$7,669.95)	(\$566,282.05)	1%
<b>Department: 6100 Medicaid</b>									
<b>EXPENSE</b>									
<b>Account Classification - Contractual Expense</b>									
470	Contract	\$12,978,196.00	\$0.00	\$12,978,196.00	\$922,812.00	\$0.00	\$2,768,436.00	\$10,209,760.00	21%
	Contractual Expense Totals:	\$12,978,196.00	\$0.00	\$12,978,196.00	\$922,812.00	\$0.00	\$2,768,436.00	\$10,209,760.00	21%
	EXPENSE Totals	\$12,978,196.00	\$0.00	\$12,978,196.00	\$922,812.00	\$0.00	\$2,768,436.00	\$10,209,760.00	21%
		(\$12,978,196.00)	\$0.00	(\$12,978,196.00)	(\$922,812.00)	\$0.00	(\$2,768,436.00)	(\$10,209,760.00)	21%
<b>Department: 6101 Medicaid Assistance</b>									
<b>EXPENSE</b>									
<b>Account Classification - Contractual Expense</b>									
470	Contract	\$570,000.00	\$0.00	\$570,000.00	\$26,134.27	\$0.00	\$77,455.92	\$492,544.08	14%
	Contractual Expense Totals:	\$570,000.00	\$0.00	\$570,000.00	\$26,134.27	\$0.00	\$77,455.92	\$492,544.08	14%
	EXPENSE Totals	\$570,000.00	\$0.00	\$570,000.00	\$26,134.27	\$0.00	\$77,455.92	\$492,544.08	14%
		(\$570,000.00)	\$0.00	(\$570,000.00)	(\$26,134.27)	\$0.00	(\$77,455.92)	(\$492,544.08)	14%
<b>Department: 6106 Special Needs</b>									
<b>EXPENSE</b>									
<b>Account Classification - Contractual Expense</b>									
470	Contract	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	0%
	Contractual Expense Totals:	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	0%
	EXPENSE Totals	\$2,000.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	0%

# Expense Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
<b>Fund: A General</b>										
<b>Department: 6106 Special Needs Totals:</b>										
		\$0.00		(\$2,000.00)	\$0.00	\$0.00	\$0.00	(\$2,000.00)	0%	\$0.00
<b>Department: 6109 Aid To Dependent Children EXPENSE</b>										
<b>Account Classification - Contractual Expense</b>										
470	Contract	\$2,259,229.00	\$0.00	\$2,259,229.00	\$134,603.21	\$0.00	\$293,619.65	\$1,965,609.35	13%	\$1,845,573.45
<b>Contractual Expense Totals:</b>		\$2,259,229.00	\$0.00	\$2,259,229.00	\$134,603.21	\$0.00	\$293,619.65	\$1,965,609.35	13%	\$1,845,573.45
<b>Account Classification - Employee Benefits</b>										
860	Hospitalization	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>Employee Benefits Totals:</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>EXPENSE Totals</b>		\$2,259,229.00	\$0.00	\$2,259,229.00	\$134,603.21	\$0.00	\$293,619.65	\$1,965,609.35	13%	\$1,845,573.45
<b>Department: 6109 Aid To Dependent Children Totals:</b>										
		\$0.00	\$0.00	(\$2,259,229.00)	(\$134,603.21)	\$0.00	(\$293,619.65)	(\$1,965,609.35)	13%	(\$1,845,573.45)
<b>Department: 6119 Child Care EXPENSE</b>										
<b>Account Classification - Contractual Expense</b>										
470	Contract	\$2,658,891.00	\$0.00	\$2,658,891.00	\$272,140.90	\$0.00	\$592,562.07	\$2,066,328.93	22%	\$3,920,151.49
<b>Contractual Expense Totals:</b>		\$2,658,891.00	\$0.00	\$2,658,891.00	\$272,140.90	\$0.00	\$592,562.07	\$2,066,328.93	22%	\$3,920,151.49
<b>EXPENSE Totals</b>		\$2,658,891.00	\$0.00	\$2,658,891.00	\$272,140.90	\$0.00	\$592,562.07	\$2,066,328.93	22%	\$3,920,151.49
<b>Department: 6119 Child Care Totals:</b>										
		(\$2,658,891.00)	\$0.00	(\$2,658,891.00)	(\$272,140.90)	\$0.00	(\$592,562.07)	(\$2,066,328.93)	22%	(\$3,920,151.49)
<b>Department: 6123 Juvenile Delinquent Care EXPENSE</b>										
<b>Account Classification - Contractual Expense</b>										
470	Contract	\$10,000.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00	0%	\$20.00
<b>Contractual Expense Totals:</b>		\$10,000.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00	0%	\$20.00
<b>EXPENSE Totals</b>		\$10,000.00	\$0.00	\$10,000.00	\$0.00	\$0.00	\$0.00	\$10,000.00	0%	\$20.00
<b>Department: 6123 Juvenile Delinquent Care Totals:</b>										
		(\$10,000.00)	\$0.00	(\$10,000.00)	\$0.00	\$0.00	\$0.00	(\$10,000.00)	0%	(\$20.00)
<b>Department: 6129 State Training School EXPENSE</b>										
<b>Account Classification - Contractual Expense</b>										
470	Contract	\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	0%	\$30,000.00
<b>Contractual Expense Totals:</b>		\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	0%	\$30,000.00
<b>EXPENSE Totals</b>		\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	0%	\$30,000.00
<b>Department: 6129 State Training School Totals:</b>										
		(\$8,000.00)	\$0.00	(\$8,000.00)	\$0.00	\$0.00	\$0.00	(\$8,000.00)	0%	(\$30,000.00)
<b>Department: 6140 Home Relief EXPENSE</b>										
<b>Account Classification - Contractual Expense</b>										
470	Contract	\$1,415,000.00	\$0.00	\$1,415,000.00	\$81,173.56	\$0.00	\$232,059.53	\$1,182,940.47	16%	\$1,166,470.75
<b>Contractual Expense Totals:</b>		\$1,415,000.00	\$0.00	\$1,415,000.00	\$81,173.56	\$0.00	\$232,059.53	\$1,182,940.47	16%	\$1,166,470.75
<b>EXPENSE Totals</b>		\$1,415,000.00	\$0.00	\$1,415,000.00	\$81,173.56	\$0.00	\$232,059.53	\$1,182,940.47	16%	\$1,166,470.75

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Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund: A General										
Department: 6140 Home Relief										
Sub Department: 0175 Homeless Prevention Rehousing										
EXPENSE										
Account Classification - Contractual Expense										
470	Contract	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$15,141.00
Contractual Expense Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$15,141.00
EXPENSE Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$15,141.00
Sub Department: 0175 Homeless										
Prevention Rehousing Totals:										
Department: 6140 Home Relief Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	(\$15,141.00)
Department: 6141 Fuel Crisis Assistance										
EXPENSE										
Account Classification - Contractual Expense										
470	Contract	\$30,000.00	\$0.00	\$30,000.00	\$150.00	\$0.00	(\$427.00)	\$30,427.00	-1%	\$5,163.88
Contractual Expense Totals:		\$30,000.00	\$0.00	\$30,000.00	\$150.00	\$0.00	(\$427.00)	\$30,427.00	-1%	\$5,163.88
EXPENSE Totals		\$30,000.00	\$0.00	\$30,000.00	\$150.00	\$0.00	(\$427.00)	\$30,427.00	-1%	\$5,163.88
Department: 6141 Fuel Crisis Assistance										
Totals:		\$30,000.00	\$0.00	\$30,000.00	\$150.00	\$0.00	\$427.00	(\$30,427.00)	-1%	(\$5,163.88)
Department: 6142 Emergency Aid For Adults										
EXPENSE										
Account Classification - Contractual Expense										
410	Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
470	Contract	\$22,000.00	\$0.00	\$22,000.00	\$0.00	\$0.00	\$1,112.00	\$20,888.00	5%	\$6,754.94
Contractual Expense Totals:		\$22,000.00	\$0.00	\$22,000.00	\$0.00	\$0.00	\$1,112.00	\$20,888.00	5%	\$6,754.94
EXPENSE Totals		\$22,000.00	\$0.00	\$22,000.00	\$0.00	\$0.00	\$1,112.00	\$20,888.00	5%	\$6,754.94
Department: 6142 Emergency Aid For Adults										
Totals:		\$22,000.00	\$0.00	\$22,000.00	\$0.00	\$0.00	(\$1,112.00)	(\$20,888.00)	5%	(\$6,754.94)
Department: 7310 Youth Program 4-H Camp										
EXPENSE										
Account Classification - Contractual Expense										
470	Contract	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	100%	\$25,000.00
Contractual Expense Totals:		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	100%	\$25,000.00
EXPENSE Totals		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	100%	\$25,000.00
Department: 7310 Youth Program 4-H Camp										
Totals:		(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	100%	(\$25,000.00)
Department: 7311 Youth Bureau										
EXPENSE										
Account Classification - Personal Services										
110	Salaries - Regular	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$14,221.55
130	Salaries - Part Time	\$14,820.00	\$0.00	\$14,820.00	\$1,155.00	\$0.00	\$3,435.00	\$11,385.00	23%	\$14,820.00
140	Salaries - Sick Leave Incentive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Personal Services Totals:		\$14,820.00	\$0.00	\$14,820.00	\$1,155.00	\$0.00	\$3,435.00	\$11,385.00	23%	\$29,041.55

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Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Encumbrances	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund: A General											
Department: 7311 Youth Bureau											
EXPENSE											
<u>Account Classification - Equipment</u>											
210	Furniture/Furnishings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
220	Office Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
250	Technical Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<u>Equipment Totals:</u>											
		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<u>Account Classification - Contractual Expense</u>											
410	Supplies	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	0%	\$26.22
418	Ins-General Liability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
421	Equipment Rental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
422	Repair/Maint-Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
423	Telephone	\$350.00	\$0.00	\$350.00	\$7.18	\$0.00	\$15.75	\$0.00	\$334.25	5%	\$124.66
424	Postage	\$150.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	0%	\$15.25
425	Reproduction Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
426	Subscriptions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
427	Memberships & Dues	\$50.00	\$0.00	\$50.00	\$0.00	\$0.00	\$0.00	\$0.00	\$50.00	0%	\$35.00
428	Data Processing & Internet	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
439	Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
439	Misc Fees & Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
442	Automotive - Gas & Oil	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
444	Travel/Education/Conference	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	0%	\$0.00
445	Foods	\$100.00	\$0.00	\$100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	0%	\$0.00
470	Contract	\$12,000.00	\$0.00	\$12,000.00	\$920.00	\$5,980.00	\$920.00	\$5,980.00	\$5,100.00	58%	\$14,379.00
<u>Contractual Expense Totals:</u>											
		\$12,950.00	\$0.00	\$12,950.00	\$927.18	\$5,980.00	\$935.75	\$5,980.00	\$6,034.25	53%	\$14,580.13
<u>Account Classification - Employee Benefits</u>											
810	Retirement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$2,362.92
830	Social Security	\$919.00	\$0.00	\$919.00	\$71.61	\$0.00	\$212.97	\$0.00	\$706.03	23%	\$1,850.85
831	Medicare Contribution	\$215.00	\$0.00	\$215.00	\$16.74	\$0.00	\$49.80	\$0.00	\$165.20	23%	\$418.71
860	Hospitalization	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$1,702.16
865	Dental Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$45.00
<u>Employee Benefits Totals:</u>											
		\$1,134.00	\$0.00	\$1,134.00	\$88.35	\$0.00	\$262.77	\$0.00	\$871.23	23%	\$6,379.64
<u>Account Classification - Other Benefits</u>											
840	Workmen's Compensation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
850	Unemployment Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
855	Disability	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
861	Retirees Hospitalization	\$11,647.00	\$0.00	\$11,647.00	\$1,448.32	\$0.00	\$4,344.96	\$0.00	\$7,302.04	37%	\$0.00
<u>Other Benefits Totals:</u>											
		\$11,647.00	\$0.00	\$11,647.00	\$1,448.32	\$0.00	\$4,344.96	\$0.00	\$7,302.04	37%	\$0.00
<u>EXPENSE Totals</u>											
		\$40,551.00	\$0.00	\$40,551.00	\$3,618.85	\$5,980.00	\$8,978.48	\$5,980.00	\$25,592.52	37%	\$50,001.32
<u>Department: 7311 Youth Bureau Totals:</u>											
		\$40,551.00	\$0.00	\$40,551.00	(\$3,618.85)	(\$5,980.00)	(\$8,978.48)	(\$5,980.00)	(\$25,592.52)	37%	(\$50,001.32)

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Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund: A General										
Department: 7312 Special Delinquency Prev.										
EXPENSE										
Account Classification - Personal Services										
110	Salaries - Regular	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
140	Salaries - Sick Leave Incentive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Personal Services Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Equipment										
210	Furniture/Furnishings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
220	Office Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
250	Technical Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Equipment Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Contractual Expense										
410	Supplies	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00	0%	\$424.49
411	Rent-Building/Property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
421	Equipment Rental	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
423	Telephone	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
424	Postage	\$300.00	\$0.00	\$300.00	\$32.38	\$0.00	\$32.38	\$267.62	11%	\$246.18
425	Reproduction Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
426	Subscriptions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
427	Memberships & Dues	\$250.00	\$0.00	\$250.00	\$176.00	\$0.00	\$176.00	\$74.00	70%	\$0.00
428	Data Processing & Internet Fees	\$90.00	\$0.00	\$90.00	\$0.00	\$0.00	\$0.00	\$90.00	0%	\$90.00
439	Misc Fees & Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
444	Travel/Education/Conference	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
445	Foods	\$150.00	\$0.00	\$150.00	\$0.00	\$0.00	\$0.00	\$150.00	0%	\$0.00
470	Contract	\$10,250.00	\$0.00	\$10,250.00	\$0.00	\$0.00	\$0.00	\$10,250.00	0%	\$13,040.00
Contractual Expense Totals:		\$11,240.00	\$0.00	\$11,240.00	\$208.38	\$0.00	\$208.38	\$11,031.62	2%	\$14,026.67
EXPENSE Totals		\$11,240.00	\$0.00	\$11,240.00	\$208.38	\$0.00	\$208.38	\$11,031.62	2%	\$14,026.67
Department: 7312 Special Delinquency Prev.		(\$11,240.00)	\$0.00	(\$11,240.00)	(\$208.38)	\$0.00	(\$208.38)	(\$11,031.62)	2%	(\$14,026.67)
Totals:										
Department: 7313 Youth Court										
EXPENSE										
Account Classification - Personal Services										
110	Salaries - Regular	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
140	Salaries - Sick Leave Incentive	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Personal Services Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Equipment										
250	Technical Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Equipment Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Contractual Expense										
470	Contract	\$29,971.00	\$0.00	\$29,971.00	\$0.00	\$0.00	\$0.00	\$29,971.00	0%	\$43,716.99

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Fund: A General										
Department: 7313 Youth Court										
EXPENSE										
Contractual Expense Totals:		\$29,971.00	\$0.00	\$29,971.00	\$0.00	\$0.00	\$0.00	\$29,971.00	0%	\$43,716.99
EXPENSE Totals		\$29,971.00	\$0.00	\$29,971.00	\$0.00	\$0.00	\$0.00	\$29,971.00	0%	\$43,716.99
Department: 7313 Youth Court Totals:		(\$29,971.00)	\$0.00	(\$29,971.00)	\$0.00	\$0.00	\$0.00	(\$29,971.00)	0%	(\$43,716.99)
Department: 9785 Installment Purchase Debt										
EXPENSE										
<u>Account Classification - Indebtedness</u>										
610	Principal-Indebtedness	\$139,031.00	\$0.00	\$139,031.00	\$5,070.82	\$0.00	\$0.00	\$128,925.22	7%	\$126,513.39
710	Interest-Indebtedness	\$85,736.00	\$0.00	\$85,736.00	\$1,815.40	\$0.00	\$0.00	\$82,069.34	4%	\$90,252.57
Indebtedness Totals:		\$224,767.00	\$0.00	\$224,767.00	\$6,886.22	\$0.00	\$0.00	\$210,994.56	6%	\$216,765.96
EXPENSE Totals		\$224,767.00	\$0.00	\$224,767.00	\$6,886.22	\$0.00	\$0.00	\$210,994.56	6%	\$216,765.96
Department: 9785 Installment Purchase Debt Totals:		(\$224,767.00)	\$0.00	(\$224,767.00)	(\$6,886.22)	\$0.00	\$0.00	(\$210,994.56)	6%	(\$216,765.96)
Expenditure Totals:										
Fund Totals: General		\$33,122,503.00	\$0.00	\$33,122,503.00	\$2,459,785.33	\$207,978.75	\$6,668,931.04	\$26,245,593.21	21%	\$33,330,051.17
Expenditure Grand Totals:		\$33,122,503.00	\$0.00	\$33,122,503.00	\$2,459,785.33	\$207,978.75	\$6,668,931.04	\$26,245,593.21	21%	\$33,330,051.17
Grand Totals:		\$33,122,503.00	\$0.00	\$33,122,503.00	\$2,459,785.33	\$207,978.75	\$6,668,931.04	\$26,245,593.21		\$33,330,051.17

# Revenue Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund: A General										
Department: 6010 Social Services										
REVENUE										
<u>Account Classification - Departmental Income</u>										
1801	Repay of Medical Assist	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
1809	Repay of Aid to A.D.C.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
1810	Administration	\$60,000.00	\$0.00	\$60,000.00	\$3,852.40	\$0.00	\$6,215.71	\$53,784.29	10%	\$61,036.49
1811	Medical Incentive Earning	\$55,000.00	\$0.00	\$55,000.00	\$4,588.48	\$0.00	\$9,135.69	\$45,864.31	17%	\$102,726.08
1819	Repay of Child Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
1823	Repay of Juv Delqnt Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
1829	Repay of State Train Sch	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
1840	Repay of Home Relief	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
1842	Repay Emer Aid for Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
1855	Repayments of Day Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
1870	Repay Soc. Srv Recipients	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	<b>Departmental Income Totals:</b>	\$115,000.00	\$0.00	\$115,000.00	\$8,440.88	\$0.00	\$15,351.40	\$99,648.60	13%	\$163,762.57
<u>Account Classification - Miscellaneous &amp; Local Source</u>										
2701	Refund of Prior Year Expense	\$0.00	\$0.00	\$0.00	(\$24,653.40)	\$0.00	\$0.00	\$0.00	+++	\$0.00
	<b>Miscellaneous &amp; Local Source Totals:</b>	\$0.00	\$0.00	\$0.00	(\$24,653.40)	\$0.00	\$0.00	\$0.00	+++	\$0.00
<u>Account Classification - State Aid</u>										
3601	Medical Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
3606	Special Needs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
3609	Aid for Family Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
3610	Social Services Admin	\$1,735,699.00	\$0.00	\$1,735,699.00	\$127,677.00	\$0.00	\$204,608.00	\$1,531,091.00	12%	\$1,621,506.00
3616	Local Administration Fund	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	(\$3,528.00)
3619	Child Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
3640	Home Relief	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
3642	Emergency Aid for Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
3661	Family & Child Srv Block	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	<b>State Aid Totals:</b>	\$1,740,699.00	\$0.00	\$1,740,699.00	\$127,677.00	\$0.00	\$204,608.00	\$1,536,091.00	12%	\$1,617,978.00
<u>Account Classification - Federal Aid</u>										
4415	Health Insurance Refund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
4601	Medical Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
4609	Aid for Dependent Children	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
4610	Social Services Admin	\$3,766,882.00	\$0.00	\$3,766,882.00	\$100,704.00	\$0.00	\$116,918.00	\$3,649,964.00	3%	\$3,779,342.00
4615	Flexible Fund for Family Service	\$1,354,037.00	\$0.00	\$1,354,037.00	\$0.00	\$0.00	\$0.00	\$1,354,037.00	0%	\$924,624.00
4619	Foster Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
4623	Juvenile Independent Live	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
4640	Home Relief	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
4661	Soc. Serv - Title IV-B Funds	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
4689	Performance Award/Soc Srv	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00

# Revenue Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Department: 6010 Social Services										
Fund: A General										
REVENUE										
Federal Aid Totals:		\$5,120,919.00	\$0.00	\$5,120,919.00	\$100,704.00	\$0.00	\$116,918.00	\$5,004,001.00	2%	\$4,703,966.00
Account Classification - Sale of Property And Compensation for Loss										
Minor Sales, Other		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$10.00
Selling of Property And Compensation for Loss Totals:										
REVENUE Totals		\$6,976,618.00	\$0.00	\$6,976,618.00	\$212,168.48	\$0.00	\$336,877.40	\$6,639,740.60	5%	\$6,485,716.57
Department: 6010 Social Services Totals:		\$6,976,618.00	\$0.00	\$6,976,618.00	\$212,168.48	\$0.00	\$336,877.40	\$6,639,740.60	5%	\$6,485,716.57
Department: 6030 Countryside Adult Home										
REVENUE										
Account Classification - Departmental Income										
1830	Repay - Adult Care, Pub Inst	\$661,783.00	\$0.00	\$661,783.00	\$58,624.69	\$0.00	\$110,381.99	\$551,401.01	17%	\$780,753.88
1831	Res. Hail - Activities Fund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
1892	Charges for Soc. Ser. Empl	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Departmental Income Totals:										
REVENUE Totals		\$661,783.00	\$0.00	\$661,783.00	\$58,624.69	\$0.00	\$110,381.99	\$551,401.01	17%	\$780,753.88
Account Classification - State Aid										
3630	Adult Care Priv. Inst.	\$537,455.00	\$0.00	\$537,455.00	\$0.00	\$0.00	\$0.00	\$537,455.00	0%	\$433,756.00
State Aid Totals:										
REVENUE Totals		\$537,455.00	\$0.00	\$537,455.00	\$0.00	\$0.00	\$0.00	\$537,455.00	0%	\$433,756.00
Account Classification - Federal Aid										
4415	Health Insurance Refund	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Federal Aid Totals:										
REVENUE Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Sale of Property And Compensation for Loss										
Selling of Equipment		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
2665	Insurance Recoveries	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
2680	Insurance Recoveries- Countryside	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
2680 Insurance Recoveries Totals:										
Selling of Property And Compensation for Loss Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Proceeds of Obligations										
Installment Purchase Debt		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
5785	Proceeds of Obligations Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
REVENUE Totals		\$1,199,238.00	\$0.00	\$1,199,238.00	\$58,624.69	\$0.00	\$110,381.99	\$1,088,856.01	9%	\$1,214,509.88
Department: 6030 Countryside Adult Home Totals:		\$1,199,238.00	\$0.00	\$1,199,238.00	\$58,624.69	\$0.00	\$110,381.99	\$1,088,856.01	9%	\$1,214,509.88
Department: 6050 Public Facil. For Children										
REVENUE										
Account Classification - Departmental Income										
1850	Repay Pub. Facil (Children)	\$800.00	\$0.00	\$800.00	\$0.00	\$0.00	\$0.00	\$800.00	0%	\$805.28
Departmental Income Totals:										
REVENUE Totals		\$800.00	\$0.00	\$800.00	\$0.00	\$0.00	\$0.00	\$800.00	0%	\$805.28
Account Classification - State Aid										
3650	Detention Home	\$60,450.00	\$0.00	\$60,450.00	\$0.00	\$0.00	\$0.00	\$60,450.00	0%	\$44,673.79

# Revenue Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund: A General										
Department: 6050 Public Facil. For Children										
REVENUE										
State Aid Totals:		\$60,450.00	\$0.00	\$60,450.00	\$0.00	\$0.00	\$0.00	\$60,450.00	0%	\$44,673.79
REVENUE Totals		\$61,250.00	\$0.00	\$61,250.00	\$0.00	\$0.00	\$0.00	\$61,250.00	0%	\$45,479.07
Department: 6050 Public Facil. For Children Totals:		\$61,250.00	\$0.00	\$61,250.00	\$0.00	\$0.00	\$0.00	\$61,250.00	0%	\$45,479.07
Department: 6055 Daycare										
REVENUE										
Account Classification - Departmental Income										
Repayments of Day Care		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$16,971.24
Departmental Income Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$16,971.24
Account Classification - State Aid										
Daycare - Soc. Service		\$1,505,000.00	\$0.00	\$1,505,000.00	\$0.00	\$0.00	\$0.00	\$1,505,000.00	0%	\$1,430,632.00
State Aid Totals:		\$1,505,000.00	\$0.00	\$1,505,000.00	\$0.00	\$0.00	\$0.00	\$1,505,000.00	0%	\$1,430,632.00
REVENUE Totals		\$1,505,000.00	\$0.00	\$1,505,000.00	\$0.00	\$0.00	\$0.00	\$1,505,000.00	0%	\$1,447,603.24
Department: 6055 Daycare Totals:		\$1,505,000.00	\$0.00	\$1,505,000.00	\$0.00	\$0.00	\$0.00	\$1,505,000.00	0%	\$1,447,603.24
Department: 6070 Services for Recipients										
REVENUE										
Account Classification - Departmental Income										
Repay Soc. Srv Recipients		\$500.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	0%	\$0.00
Departmental Income Totals:		\$500.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$500.00	0%	\$0.00
Account Classification - State Aid										
Services for Recipients.		\$180,549.00	\$0.00	\$180,549.00	\$201,917.00	\$0.00	\$263,979.00	(\$83,430.00)	146%	\$404,538.00
State Aid Totals:		\$180,549.00	\$0.00	\$180,549.00	\$201,917.00	\$0.00	\$263,979.00	(\$83,430.00)	146%	\$404,538.00
Account Classification - Federal Aid										
Services for Recipients		\$163,322.00	\$0.00	\$163,322.00	\$0.00	\$0.00	\$8,785.00	\$154,537.00	5%	\$34,536.00
Federal Aid Totals:		\$163,322.00	\$0.00	\$163,322.00	\$0.00	\$0.00	\$8,785.00	\$154,537.00	5%	\$34,536.00
REVENUE Totals		\$344,371.00	\$0.00	\$344,371.00	\$201,917.00	\$0.00	\$272,764.00	\$71,607.00	79%	\$439,074.00
Department: 6070 Services for Recipients Totals:		\$344,371.00	\$0.00	\$344,371.00	\$201,917.00	\$0.00	\$272,764.00	\$71,607.00	79%	\$439,074.00
Department: 6100 Medicaid										
REVENUE										
Account Classification - State Aid										
Medical Assistance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
M.M.I.S.		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
State Aid Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - Federal Aid										
Medicaid Stimulus		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$842,050.00
Medical Assistance		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$257,086.00
Federal Aid Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$1,099,136.00
REVENUE Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$1,099,136.00
Department: 6100 Medicaid Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$1,099,136.00

# Revenue Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Transactions	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
<b>Fund: A General</b>											
<b>Department: 6101 Medical Assistance</b>											
<b>REVENUE</b>											
<u>Account Classification - Departmental Income</u>											
1801	Repay of Medical Assist	\$570,000.00	\$0.00	\$570,000.00	\$141,937.76	\$0.00	\$171,958.01	\$0.00	\$398,041.99	30%	\$531,149.21
<b>Departmental Income Totals:</b>		\$570,000.00	\$0.00	\$570,000.00	\$141,937.76	\$0.00	\$171,958.01	\$0.00	\$398,041.99	30%	\$531,149.21
<u>Account Classification - State Aid</u>											
3601	Medical Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>State Aid Totals:</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<u>Account Classification - Federal Aid</u>											
4601	Medical Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>Federal Aid Totals:</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>REVENUE Totals</b>		\$570,000.00	\$0.00	\$570,000.00	\$141,937.76	\$0.00	\$171,958.01	\$0.00	\$398,041.99	30%	\$531,149.21
<b>Department: 6101 Medical Assistance Totals:</b>		\$570,000.00	\$0.00	\$570,000.00	\$141,937.76	\$0.00	\$171,958.01	\$0.00	\$398,041.99	30%	\$531,149.21
<b>Department: 6102 MMIS - Local Share</b>											
<b>REVENUE</b>											
<u>Account Classification - Miscellaneous &amp; Local Source</u>											
2772	Intergovernmental Transfers	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>Miscellaneous &amp; Local Source Totals:</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<u>Account Classification - State Aid</u>											
3602	M.M.I.S.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>State Aid Totals:</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>REVENUE Totals</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>Department: 6102 MMIS - Local Share Totals:</b>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
<b>Department: 6106 Special Needs</b>											
<b>REVENUE</b>											
<u>Account Classification - State Aid</u>											
3606	Special Needs	\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0%	\$0.00
<b>State Aid Totals:</b>		\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0%	\$0.00
<b>REVENUE Totals</b>		\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0%	\$0.00
<b>Department: 6106 Special Needs Totals:</b>		\$1,000.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	0%	\$0.00
<b>Department: 6109 Aid To Dependent Children</b>											
<b>REVENUE</b>											
<u>Account Classification - Departmental Income</u>											
1809	Repay of Aid to A.D.C.	\$184,800.00	\$0.00	\$184,800.00	\$23,759.61	\$0.00	\$44,291.80	\$0.00	\$140,508.20	24%	\$295,738.38
<b>Departmental Income Totals:</b>		\$184,800.00	\$0.00	\$184,800.00	\$23,759.61	\$0.00	\$44,291.80	\$0.00	\$140,508.20	24%	\$295,738.38
<u>Account Classification - State Aid</u>											
3609	Aid for Family Assistance	\$508,582.00	\$0.00	\$508,582.00	\$0.00	\$0.00	\$0.00	\$0.00	\$508,582.00	0%	\$1,908.00
<b>State Aid Totals:</b>		\$508,582.00	\$0.00	\$508,582.00	\$0.00	\$0.00	\$0.00	\$0.00	\$508,582.00	0%	\$1,908.00
<u>Account Classification - Federal Aid</u>											
4609	Aid for Dependent Children	\$1,046,224.00	\$0.00	\$1,046,224.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,046,224.00	0%	\$774,175.00
<b>Federal Aid Totals:</b>		\$1,046,224.00	\$0.00	\$1,046,224.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,046,224.00	0%	\$774,175.00

# Revenue Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund: A General										
Department: 6109 Aid To Dependent Children										
	REVENUE Totals	\$1,739,606.00	\$0.00	\$1,739,606.00	\$23,759.61	\$0.00	\$44,291.80	\$1,695,314.20	3%	\$1,071,821.38
Department: 6109 Aid To Dependent Children Totals:										
	Department: 6119 Child Care	\$1,739,606.00	\$0.00	\$1,739,606.00	\$23,759.61	\$0.00	\$44,291.80	\$1,695,314.20	3%	\$1,071,821.38
REVENUE										
Account Classification - Departmental Income										
1819	Repay of Child Care	\$180,000.00	\$0.00	\$180,000.00	\$7,369.04	\$0.00	\$27,965.29	\$152,034.71	16%	\$507,446.45
	Departmental Income Totals:	\$180,000.00	\$0.00	\$180,000.00	\$7,369.04	\$0.00	\$27,965.29	\$152,034.71	16%	\$507,446.45
Account Classification - State Aid										
3619	Child Care	\$1,757,178.00	\$0.00	\$1,757,178.00	\$183,844.00	\$0.00	\$306,569.00	\$1,450,609.00	17%	\$1,808,803.00
	State Aid Totals:	\$1,757,178.00	\$0.00	\$1,757,178.00	\$183,844.00	\$0.00	\$306,569.00	\$1,450,609.00	17%	\$1,808,803.00
Account Classification - Federal Aid										
4619	Foster Care	\$588,768.00	\$0.00	\$588,768.00	\$276,815.00	\$0.00	\$276,815.00	\$311,953.00	47%	\$1,253,038.00
	Federal Aid Totals:	\$588,768.00	\$0.00	\$588,768.00	\$276,815.00	\$0.00	\$276,815.00	\$311,953.00	47%	\$1,253,038.00
	REVENUE Totals	\$2,525,946.00	\$0.00	\$2,525,946.00	\$468,028.04	\$0.00	\$611,349.29	\$1,914,596.71	24%	\$3,569,287.45
	Department: 6119 Child Care Totals:	\$2,525,946.00	\$0.00	\$2,525,946.00	\$468,028.04	\$0.00	\$611,349.29	\$1,914,596.71	24%	\$3,569,287.45
Department: 6123 Juvenile Delinquent Care										
REVENUE										
Account Classification - Departmental Income										
1823	Repay of Juv Delqnt Care	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00	0%	\$0.00
1850	Repay Pub. Facil (Children)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Departmental Income Totals:	\$200.00	\$0.00	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00	0%	\$0.00
Account Classification - State Aid										
3623	Juv. Delinquents - Facility	\$1,700.00	\$0.00	\$1,700.00	\$0.00	\$0.00	\$0.00	\$1,700.00	0%	\$0.00
	State Aid Totals:	\$1,700.00	\$0.00	\$1,700.00	\$0.00	\$0.00	\$0.00	\$1,700.00	0%	\$0.00
Account Classification - Federal Aid										
4623	Juvenile Independent Live	\$1,700.00	\$0.00	\$1,700.00	\$0.00	\$0.00	\$0.00	\$1,700.00	0%	\$0.00
	Federal Aid Totals:	\$1,700.00	\$0.00	\$1,700.00	\$0.00	\$0.00	\$0.00	\$1,700.00	0%	\$0.00
	REVENUE Totals	\$3,600.00	\$0.00	\$3,600.00	\$0.00	\$0.00	\$0.00	\$3,600.00	0%	\$0.00
	Department: 6123 Juvenile Delinquent Care Totals:	\$3,600.00	\$0.00	\$3,600.00	\$0.00	\$0.00	\$0.00	\$3,600.00	0%	\$0.00
Department: 6129 State Training School										
REVENUE										
Account Classification - Departmental Income										
1829	Repay of State Train Sch	\$250.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0%	\$576.53
	Departmental Income Totals:	\$250.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0%	\$576.53
Account Classification - State Aid										
3629	State Training School	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	State Aid Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	REVENUE Totals	\$250.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0%	\$576.53
	Department: 6129 State Training School Totals:	\$250.00	\$0.00	\$250.00	\$0.00	\$0.00	\$0.00	\$250.00	0%	\$576.53

# Revenue Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Encumbrances	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
<b>Fund: A General</b>										
<b>Department: 6140 Home Relief</b>										
REVENUE										
Account Classification - Departmental Income										
1840	Repay of Home Relief	\$304,920.00	\$0.00	\$304,920.00	\$18,272.17	\$0.00	\$30,845.96	\$274,074.04	10%	\$222,308.66
Departmental Income Totals:		\$304,920.00	\$0.00	\$304,920.00	\$18,272.17	\$0.00	\$30,845.96	\$274,074.04	10%	\$222,308.66
Account Classification - State Aid										
3640	Home Relief	\$552,132.00	\$0.00	\$552,132.00	\$0.00	\$0.00	\$0.00	\$52,132.00	0%	\$243,493.00
State Aid Totals:		\$552,132.00	\$0.00	\$552,132.00	\$0.00	\$0.00	\$0.00	\$52,132.00	0%	\$243,493.00
Account Classification - Federal Aid										
4640	Home Relief	\$6,098.00	\$0.00	\$6,098.00	\$0.00	\$0.00	\$0.00	\$6,098.00	0%	\$25,894.00
Federal Aid Totals:		\$6,098.00	\$0.00	\$6,098.00	\$0.00	\$0.00	\$0.00	\$6,098.00	0%	\$25,894.00
REVENUE Totals		\$863,150.00	\$0.00	\$863,150.00	\$18,272.17	\$0.00	\$30,845.96	\$832,304.04	4%	\$491,695.66
<b>Sub Department: 0175 Homeless Prevention Rehousing</b>										
REVENUE										
Account Classification - Federal Aid										
4640	Home Relief	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$21,811.92
Federal Aid Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$21,811.92
REVENUE Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$21,811.92
<b>Sub Department: 0175 Homeless Prevention Rehousing Totals:</b>										
Department: 6140 Home Relief Totals:		\$863,150.00	\$0.00	\$863,150.00	\$18,272.17	\$0.00	\$30,845.96	\$832,304.04	4%	\$513,507.58
REVENUE										
Account Classification - Departmental Income										
1841	Repay of Home Energy Asst	\$10,000.00	\$0.00	\$10,000.00	\$7,569.72	\$0.00	\$12,107.21	(\$2,107.21)	121%	\$85,247.63
Departmental Income Totals:		\$10,000.00	\$0.00	\$10,000.00	\$7,569.72	\$0.00	\$12,107.21	(\$2,107.21)	121%	\$85,247.63
Account Classification - Federal Aid										
4641	Home Energy Assistance	\$20,000.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	0%	(\$87,562.00)
Federal Aid Totals:		\$20,000.00	\$0.00	\$20,000.00	\$0.00	\$0.00	\$0.00	\$20,000.00	0%	(\$87,562.00)
REVENUE Totals		\$30,000.00	\$0.00	\$30,000.00	\$7,569.72	\$0.00	\$12,107.21	\$17,892.79	40%	(\$2,314.37)
Department: 6141 Fuel Crisis Assistance Totals:		\$30,000.00	\$0.00	\$30,000.00	\$7,569.72	\$0.00	\$12,107.21	\$17,892.79	40%	(\$2,314.37)
<b>Department: 6142 Emergency Aid For Adults</b>										
REVENUE										
Account Classification - Departmental Income										
1842	Repay Emer Aid for Adults	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Departmental Income Totals:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
Account Classification - State Aid										
3642	Emergency Aid for Adults	\$11,000.00	\$0.00	\$11,000.00	\$0.00	\$0.00	\$0.00	\$11,000.00	0%	\$3,379.00
State Aid Totals:		\$11,000.00	\$0.00	\$11,000.00	\$0.00	\$0.00	\$0.00	\$11,000.00	0%	\$3,379.00
REVENUE Totals		\$11,000.00	\$0.00	\$11,000.00	\$0.00	\$0.00	\$0.00	\$11,000.00	0%	\$3,379.00

# Revenue Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD	Budget - YTD Transactions	% Used/Rec'd	Prior Year Total
Fund: A General		\$11,000.00	\$0.00	\$11,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,000.00	0%	\$3,379.00
Department: 6142	Emergency Aid For Adults										
Totals:											
Department: 7311	Youth Bureau										
REVENUE											
	Account Classification - Departmental Income										
2006	Youth - Alive at 25	\$15,000.00	\$0.00	\$15,000.00	\$1,020.00	\$0.00	\$3,420.00	\$0.00	\$11,580.00	23%	\$17,220.00
	Departmental Income Totals:	\$15,000.00	\$0.00	\$15,000.00	\$1,020.00	\$0.00	\$3,420.00	\$0.00	\$11,580.00	23%	\$17,220.00
	Account Classification - Miscellaneous & Local Source										
2705	Gifts & Donations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$500.00
	Miscellaneous & Local Source Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$500.00
	Account Classification - State Aid										
3821	Youth Programs	\$8,600.00	\$0.00	\$8,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,600.00	0%	\$12,549.00
3823	YD/DP 50% DFY	\$5,500.00	\$0.00	\$5,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,500.00	0%	\$6,889.99
	State Aid Totals:	\$14,100.00	\$0.00	\$14,100.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,100.00	0%	\$19,438.99
	REVENUE Totals	\$29,100.00	\$0.00	\$29,100.00	\$1,020.00	\$0.00	\$3,420.00	\$0.00	\$25,680.00	12%	\$37,158.99
	Department: 7311 Youth Bureau Totals:	\$29,100.00	\$0.00	\$29,100.00	\$1,020.00	\$0.00	\$3,420.00	\$0.00	\$25,680.00	12%	\$37,158.99
	Department: 7312 Special Delinquency Prev.										
REVENUE											
	Account Classification - Miscellaneous & Local Source										
2702	Youth Service, Other Govt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Miscellaneous & Local Source Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Account Classification - State Aid										
3822	Spec. Delinquency Prevention	\$11,240.00	\$0.00	\$11,240.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,240.00	0%	\$14,989.00
	State Aid Totals:	\$11,240.00	\$0.00	\$11,240.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,240.00	0%	\$14,989.00
	REVENUE Totals	\$11,240.00	\$0.00	\$11,240.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,240.00	0%	\$14,989.00
	Department: 7312 Special Delinquency Prev.										
Totals:											
Department: 7313 Youth Court											
REVENUE											
	Account Classification - Intergovernmental Charges										
2211	Youth Bureau/COPS Reimbursement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Intergovernmental Charges Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Account Classification - State Aid										
3825	NYSOCFS - Youth Court	\$11,236.00	\$0.00	\$11,236.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,236.00	0%	\$14,981.99
	State Aid Totals:	\$11,236.00	\$0.00	\$11,236.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,236.00	0%	\$14,981.99
	Account Classification - Federal Aid										
4823	Youth Court - DCJS Grant	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Federal Aid Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Account Classification - Fines & Forfeitures										
2617	Stop DWI - Youth Court	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00
	Fines & Forfeitures Totals:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$0.00

# Revenue Budget Performance Report

Fiscal Year To Date: 3/31/2012

Account Number	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	Encumbrances	YTD Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund: A General											
Department: 7313 Youth Court											
REVENUE Totals		\$11,236.00	\$0.00	\$11,236.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,236.00	0%	\$14,981.99
Department: 7313 Youth Court Totals:		\$11,236.00	\$0.00	\$11,236.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,236.00	0%	\$14,981.99
Revenue Totals:		\$15,882,605.00	\$0.00	\$15,882,605.00	\$1,133,297.47	\$0.00	\$1,593,995.66	\$14,288,609.34	\$14,288,609.34	10%	\$16,486,055.52
Fund Totals: General		\$15,882,605.00	\$0.00	\$15,882,605.00	\$1,133,297.47	\$0.00	\$1,593,995.66	\$14,288,609.34	\$14,288,609.34	10%	\$16,486,055.52
Revenue Grand Totals:		\$15,882,605.00	\$0.00	\$15,882,605.00	\$1,133,297.47	\$0.00	\$1,593,995.66	\$14,288,609.34	\$14,288,609.34	10%	\$16,486,055.52
Grand Totals:		\$15,882,605.00	\$0.00	\$15,882,605.00	\$1,133,297.47	\$0.00	\$1,593,995.66	\$14,288,609.34	\$14,288,609.34	10%	\$16,486,055.52