

SOCIAL SERVICES COMMITTEE

AGENDA

Tuesday, August 27, 2013

11:30 am

1. Committee Meeting called to order by Chairman.
2. Motion to approve minutes of prior Committee meeting.
3. ANNOUNCEMENTS (Attachment 3 A)
 - A. Team Player for the month of August
Ashley Mc Kinney, Social Welfare Examiner, TA/Employment Unit

Team Leader for the Month of August
Lorrie Mosher, Senior Child Support Collection Investigator
4. INFORMATION AND EDUCATION
 - A. NA
5. ACTION ITEM
 - Youth Bureau
 - A. Request permission to authorize the County Chief Executive Officer and the County Fiscal Officer to sign the Resource Allocation Plan for \$50,625 for the youth services program and project applications for the 2013 Youth Program year. This is an additional required document for the Children and Families Service Plan, which was approved by OCFS and the Warren County Board of Supervisors on January 18, 2013 (Attachment 5A)
 - B. Request to Reappoint Ann McMahon representing Lake Luzern and Cindy Conway representing the Town of Chester to the Warren County Youth Board. (Attachment 5B)
 - C. Request to appoint Jack Binder, from Warrensburg, representing younger youth and Northern Warren County, to the Warren County Youth Board. (Attachment 5C)
 - D. Request to appoint Brooke Viele, from Glens Falls, representing older youth and Southern Warren County, to the Warren County Youth Board. (Attachment 5D)

DSS

Positions

- E. Request permission to fill the position of (Grade 14-step 1, \$35,385) Case Worker # 6 in the Foster Care/Adoption Unit due to resignation of Carrie Wright (Grade 14-Step 5, \$41,300). Cost difference of \$5,915 savings (Attachment 5E)
- F. Request permission to abolish the position of Resource Coordinator (Grade 14-Step 1 \$35,385) due to the Retirement of Winston Varnum ((Grade 14- Step 19, \$44,031.94) and Create and Fill the position of Resource Assistant (Grade 12-Step 1 \$33,540) and all back fills. Cost Difference of \$10,491.94 savings (Attachment 5F)
- G. Request permission to fill any vacant positions in the Medicaid unit which become vacant as staff are hired by the state to work in Albany as part of the NYS Medicaid Redesign. The funds are available until December 30, 2014 to reimburse 100% for all Medicaid positions.

Trainings

- H. Request permission for 3 Foster Care Case Workers to attend training in Albany regarding Achieving Permanency for Children in Foster Care. (Attachment 5H)
- I. Request permission for 3 Social Welfare Examiners to attend new worker training for New York's Health Insurance Programs in Albany, NY (Attachment 5I)

Countryside

- J. Request an addendum to the Countryside contract with Warrensburg Laundry to increase the contract from \$19,000 to \$20,600. The funds are in the budget. (Attachment 5J)

6. OVERTIME ANALYSIS

7. BUDGET ANALYSIS

AUGUST 2013

Please join the Commissioner in congratulating our August winners...

TEAM PLAYER OF THE MONTH

ASHLEY MCKINNEY, Social Welfare Examiner, Temporary Assistance Unit

"Ashley truly demonstrates Team Player". She goes above and beyond the duties of her position to "aid teammates by helping them catch up their work when they are over-loaded and overwhelmed". She also helps by answering questions and offering explanations. She is an asset to the unit.

TEAM LEADER OF THE MONTH

LORRIE MOSHER, Senior Support Investigator, Child Support Unit

"Lorrie cares deeply about her job". She often uses her own time to study new directives and to carry out problem solving tasks. "Lorrie assists other units with questions regarding child support, and is always friendly and helpful to all staff". "She is very knowledgeable about her job. Lorrie deals well with support Magistrates and the staff at Family Court". "Lorrie is a great representative for the Department".

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Social Services - Youth Bureau

DATE: August 27, 2013

- (a) Purpose of Request: Authorizing the Chairman of the Board of Supervisors and the County Treasurer to sign the New York State Office of Children and Family Services Resource Allocation Plan

- (b) Details: Resource Allocation Plan in the amount of \$50,625 for the youth services program snf project applications for the 2013 Youth Program Year. Additional Required Document for the Children and Families Service Plan approved by the Board at the January 18, 2013 Board meeting.

- (c) Previous Resolution Number: N/A

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
RESOURCE ALLOCATION PLAN

Warren

Submitted herewith and incorporated herein is the Resource Allocation Package for _____ County, containing the youth services program and project applications for the 2013 program year. This submission is one of the required components of the Children and Family Services Plan, which was approved by the Office of Children and Family Services (OCFS) on May 9, 2013

The signing of this plan by the above-named County will qualify the County for State reimbursement for the program year, in accordance with OCFS's allocation of funds appropriated for counties engaged in comprehensive planning for the Children and Family Services Plan, provided that the youth services are rendered in accordance with the Rules and Regulations of OCFS and the Children and Family Services Plan guidelines and OCFS Fiscal Policies and Procedures for Local Assistance Programs. Subject to the provisions hereof, the amount approved for allocation to the County is \$50625 as delineated in the program summary submitted herewith and incorporated herein.

The County authorizes OCFS to reimburse its municipalities directly for expenditures relating to this Resource Allocation Package unless the County has notified OCFS in writing otherwise. OCFS will reimburse the County or municipality for expenditures made in accordance with the approved Program Applications and Budgets for the agencies listed on the program summary submitted herewith. Reimbursement will be made to the County or the municipality only after the submission of vouchers and supporting documents which conform to applicable federal and State laws, rules, regulations, OCFS Fiscal Policies and Procedures for Local Assistance Programs, procedures, and requirements, including those established by the Comptroller of the State of New York, and which are acceptable to OCFS as proof of expenditures. The County or municipality will submit, upon request, adequate and acceptable documentation to substantiate claims for reimbursement.

The County shall retain the overall responsibility to monitor and ensure the maintenance and availability of complete financial and project records for all programs. Within six weeks of the end of the program period, the County will submit Program Annual Reports on forms supplied by the Office of Children and Family Services.

The County agrees to permit on-site inspections and financial audits during the term of this Resource Allocation Plan and at any time thereafter by authorized representatives of OCFS and the New York State Comptroller, to keep records necessary to assure proper accounting for program funds, and to disclose fully the receipt and disposition of funds received under this Plan. The County agrees to allow OCFS, or its representatives when specifically directed by OCFS, to take possession of all books, records, and documents relating to this Plan provided, however, that OCFS will return to the County such books, records, and documents upon completion of OCFS's official purpose.

Any change or modification in the services to be rendered, or in the program budgets, must be approved in writing by OCFS, which reserves the right to modify the services rendered by the County or the program budgets at its discretion or when such modifications may be required by the State Comptroller.

OCFS may withhold approval for State Aid reimbursement for youth programs included in the Resource Allocation Package when there is noncompliance with this plan and/or the above referenced Rules, Regulations and Guidelines, or when the county does not have a Children and Family Services Plan approved by OCFS. This plan shall be deemed executory to the extent of monies made available to OCFS from the State of New York for Local Assistance programs and no liability on account thereof shall be incurred by OCFS or the State of New York beyond monies made available for such purposes.

The County certifies that a resolution was properly passed by the County Board approving this Resource Allocation Plan.

COUNTY CHIEF EXECUTIVE OFFICER:

COUNTY FISCAL OFFICER:

Signature:

Date:

Print Name:

Title:

Address:

Print Name:

Title:

Address:

Warren County Board of Supervisors

RESOLUTION NO. 42 OF 2013

Resolution introduced by Supervisors Loeb, Kenny, Bentley, Strainer, Wood, Sokol and Westcott

AUTHORIZING CHAIRMAN OF THE BOARD TO SIGN THE 2013 ANNUAL PLAN UPDATE FOR NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

RESOLVED, that the Warren County Board of Supervisors hereby authorizes the Chairman of the Board to sign the 2013 Annual Plan Update for New York State Office of Children and Family Services, for the period of January 1, 2013 to December 31, 2013.

Warren County Board of Supervisors

RESOLUTION NO. 184 OF 2013

Resolution introduced by Supervisors Loeb, Kenny, Bentley, Strainer, Wood, Sokol and Westcott

AUTHORIZING EXTENSION AND AMENDMENT AGREEMENT WITH COUNCIL FOR PREVENTION OF ALCOHOL AND SUBSTANCE ABUSE, INC. FOR A YOUTH COURT PROGRAM

RESOLVED, that Warren County continue and amend the previous agreement authorized by Resolution Nos. 217 of 2012 and 366 of 2012, with the Council for Prevention of Alcohol and Substance Abuse, Inc.; 10 LaCrosse St., Hudson Falls, New York 12839, to provide a Youth Court Program, for a total amount of Fifty Thousand Eight Hundred Seventy-Five Dollars (\$50,875) for a term commencing January 1, 2013 and terminating December 31, 2013, and in a form approved by the County Attorney with funding from budget code A.7313 470 Youth Court, Contract.

Warren County Board of Supervisors

RESOLUTION NO. 399 OF 2013

Resolution introduced by Supervisors Loeb, Kenny, Bentley, Strainer, Wood, Sokol and Westcott

AUTHORIZING CONTINUATION OF CONTRACTUAL RELATIONSHIPS WITH AGENCIES LISTED IN SCHEDULE "A" FOR SPECIAL DELINQUENCY PREVENTION PROGRAMS

RESOLVED, that Warren County continue the contractual relationships (the previous agreements having been authorized by Resolution No. 366 of 2012) with the agencies set forth in Schedule "A" for the programs, and in amounts not to exceed the dollar figures as listed, and for a term commencing January 1, 2013 and terminating December 31, 2013, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute said agreements in a form approved by the County Attorney, and be it further

RESOLVED, that said agreements shall be deemed executory only to the extent of monies available to the County for the performance of the terms hereof and no liability on account thereof shall be incurred by the County beyond monies available to or appropriated by the County for the purpose of the agreements, and that said agreements shall automatically terminate upon the termination of State or Federal funding available for such contract purposes, and be it further

RESOLVED, that if State or Federal funding should be increased or decreased during the term of these agreements, no further resolution to accept said monies be necessary to carry out the provisions of said agreements, and these agreements to be funded from Budget Code A.7312 470 Special Delinquency Prevention, Contract.

RESOLUTION No. 399 OF 2013

PAGE 2 OF 2

SCHEDULE A

COMMUNITY/AGENCY SUBCONTRACTS
2013 SPECIAL DELINQUENCY PREVENTION PROGRAMS (A.7312.470)

<u>Sponsoring Agency Name/Address</u>	<u>Program Title</u>	<u>Amount</u>
Catholic Charities of the Diocese of Albany 27 North Main Avenue Albany, NY 12203	Homebased Parent Education	\$3,393
Warren-Hamilton Counties A.C.E.O., Inc. 190 Maple St. Glens Falls, NY 12801	Alternative Sentencing Program	\$2,296
Catholic Charities of the Diocese of Albany d/b/a Catholic Charities of Saratoga, Warren and Washington Counties 142 Regent Street Saratoga Springs, NY 12866	Youth & Family Counseling	\$5,311
	TOTAL	\$11,000

1. Expiration date for all contracts is December 31, 2013
2. All contracts are reimbursed 100% by NYS Office of Children & Family Services

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 8/27/13

- (a) Name of Appointee: ANNIE MCMAHON
- (b) Is this a Reappointment? YES If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title TOWN OF LAKE LUZERNE
- (e) Address of Appointee: 8 HUDSON CT, LAKE LUZERNE, NY 12846
- (f) Title of Appointment: WARREN COUNTY YOUTH BOARD MEMBER
- (g) Effective Date of Appointment: 1/1/13
- (h) Termination Date of Appointment: 12/31/13
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 8/27/13

- (a) Name of Appointee: MINDY CONWAY
- (b) Is this a Reappointment? YES If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title TOWN OF CHESTER
- (e) Address of Appointee: PO BOX 2, 2 KNOLL ST, CHESTERTOWN, NY 12817
- (f) Title of Appointment: WARREN COUNTY YOUTH BOARD MEMBER
- (g) Effective Date of Appointment: 1/1/13
- (h) Termination Date of Appointment: 12/31/13
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

****If more than one person is being appointed, please attach additional sheets***

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 8/27/13

- (a) Name of Appointee: JACK BINDER
- (b) Is this a Reappointment? NO If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title YOUTH REPRESENTATIVE-TOWN OF WARRENSBURG, NY
- (e) Address of Appointee: 43 HUDSON ST, WARRENSBURG, NY 12885
- (f) Title of Appointment: YOUTH REPRESENTATIVE; WARREN COUNTY
YOUTH BOARD MEMBER
- (g) Effective Date of Appointment: Upon Board Approval of this request
- (h) Termination Date of Appointment: 12/31/13
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

August 22, 2013

Dear Youth Bureau,

My name is Jack Binder. I am 13 years old and live in Warrensburg NY. I am in the 8th grade at Warrensburg High School.

I am an active classmate involved in our sport programs. I play football, baseball and am on the wrestling team.

I am interested in being a board member on the Youth Bureau. I have participated in various activities such as fund raising for our school sports program. One of these was the bag drop at Camp Echo Lake. I have volunteered to move and stock thousands of books for the fund raiser at Richards Library in Warrensburg.

I would appreciate the opportunity to serve as a board member on the Warren County Youth Bureau.

Sincerely,

Jack E. Binder
Jack Binder
43 Hudson Street
Warrensburg, NY 12885
518-321-2426
518-632-9512

RESOLUTION REQUEST FORM NO. 1

Request to Appoint or Reappoint Member of Committee, Board or Agency*

**If more than one person is being appointed, please attach additional sheets*

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 8/27/13

- (a) Name of Appointee: BROOKE VIELE
- (b) Is this a Reappointment? NO If so, please provide the Resolution No. which authorized the last appointment of this individual
- (c) If a Certificate of Appointment applies, please provide a copy of the prior certificate of appointment, if possible.
- (d) If person is being Appointed as a Representative of a Specific Group/Agency, please list their Affiliation and Title YOUTH REPRESENTATE - CITY OF GLENS FALLS, NY
- (e) Address of Appointee: 71 CHERRY ST, GLENS FALLS, NY 12801
- (f) Title of Appointment: YOUTH REPRESENTATIVE; WARREN COUNTY
YOUTH BOARD MEMBER
- (g) Effective Date of Appointment: Upon Board Approval of this request
- (h) Termination Date of Appointment: 12/31/13
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

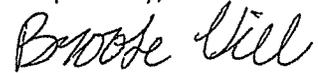
Brooke Viele
71 Cherry Street
Glens Falls, NY 12801
(518)538-5374

Warren County Youth Board
1340 St. Rt. 9
Lake George, NY 12845

To whom it may concern,

I Brooke Viele would like to be a member of the Warren County Youth Board. I feel that I could represent female youth from Warren County and have much to offer. I am currently going into 11th grade at Glens Falls High School. I plan to attend Veterinarian School after that. Please consider my nomination for Youth Board member. I look forward to hearing from you regarding this.

Respectfully,

A handwritten signature in cursive script that reads "Brooke Viele".

Brooke Viele

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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

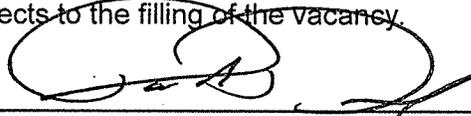
DEPARTMENT HEAD COMPLETES THIS SECTION

Department Social Services Payroll Dept. No. 40.01
Title of Position Foster Care Caseworker #6 Annual Salary \$35,385 Grade 14
Budget code and title A.6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. 10202
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50% State 23% Other Local 27%
Impact to Budget: Reduce expenses by \$5,915 as present worker receives annual salary of \$41,300
Personnel Officer has approved this form when initialed. JK

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date Aug. 27, 2013

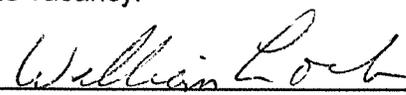
- The Administrator has no objection to the filling of the vacancy.
- The Administrator objects to the filling of the vacancy.

Administrator Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date Aug. 27, 2013

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

Ranking Committee Member Signature 

PERSONNEL/HUMAN RESOURCES COMMITTEE COMPLETES THIS SECTION

Date _____

- The Personnel/Human Resources Committee has no objection to the filling of the vacancy.
- The Personnel/Human Resources Committee objects to the filling of the vacancy.

Ranking Committee Member Signature _____

CARRIE E. WRIGHT
19 King Street Warrensburg, NY 12885
(518) 232-2435
E-mailcarrie.wright09@gmail.com

Suzanne Wheeler, Commissioner
1340 State Route 9
Lake George, NY 12845

August 1, 2013

Dear Suzanne:

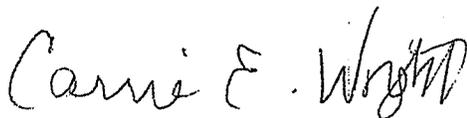
I would like to inform you that I will be resigning from the position of foster care caseworker, effective August 23, 2013. At this time I have been offered a position with NYS Office of Mental Health and couldn't pass up the opportunity.

It has been a treat to be back here for the past 5 years, working for the Department, as I have learned so much in my years as a caseworker. Working under your guidance, as well as the Deputy Commissioner and Supervisor Chris Hanchett, has been a pleasure as you have all allowed us room to grow and excel as professionals. The experience I have gained in local government has given me the confidence and ability to move forward with my career, which is both exciting and scary.

I can assure you that I will do my best to make sure my cases are ready to be transitioned to another worker smoothly. Luckily, I am at a point in several of my cases where children are on their way home, so it will lessen the burden on the foster care unit.

Thank you again for all the opportunities that were afforded to me while at the Department. The support of the Department and my co-workers has meant so much to me.

Sincerely,



Carrie E. Wright

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: Social Services

DATE: 8/27/13

- (a) Title of Requested Position: Resource Assistant, Resource/Recovery Unit
- (b) Annual **Base** Salary (and Grade if Applicable): \$33,540, Grade 12
- (c) Effective Date for New Position:* November 1, 2013
*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): Resource Coordinator, Grade 14, Salary \$35,385 - Step 1; Current Employee is Grade 14 Step 19 \$44,031.94. The current employee is retiring.
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
- (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: Mandated Position
- (h) Is there expected revenue from this position? If so, please explain: Federal 50%, State 23%

May 7, 2013

Suzanne F. Wheeler, Commissioner
Warren County Department of Social Services
1340 State Rt. 9
Lake George, New York 12845

Maureen Schmidt, Deputy Commissioner
Warren County Department of Social Services
1340 State Rt. 9
Lake George, New York 12845

Re: Retirement

Dear Commissioner and Deputy Commissioner:

Please be informed that I will be retiring and no longer employed with Warren County Department of Social Services on October 31, 2013.

I have given careful consideration of all the issues concerning this decision. I want you to know that it has been a pleasure to have worked under your supervision. I think that I speak for many employees within this Agency when I say we are very grateful you are our Commissioner and Deputy Commissioner. During the period since your leadership began, we all have learned that the virtue of patience was a gift you have bestowed on all of us.

Thank you for supporting me in the many challenges that have come my way in the last few years. From this experience, I know that the Warren County Department of Social Services is in steady hands and will have strong leadership to be proud of.

Respectfully yours,



Winston E. Varnum

WEV

Cc: Warren County Personnel

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Social Services

DATE: August 27, 2013

- (a) Purpose of Request: Authorizing the Commissioner of the Department of Social Services to fill any vacant positions in the Medicaid Unit as needed and to backfill any vacancies caused by promotion or lateral transfer to the Medicaid Unit

- (b) Details: The State is currently hiring employees from the County Medicaid Units in anticipation of taking over the Medicaid Program from the counties. In the meantime the counties must continue operation of the Medicaid Program which is funded 100% by the State.

- (c) Previous Resolution Number: N/A

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount:

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

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 Natalie Raymond, Liana DeMarsh, Betsey Johnson - Foster Care Unit Caseworkers
(Supervisory Committee) (Employee Name)

to attend Achieving Permanency through Surrender & Terminations of Parental Right
(Name of meeting or organization)

at CDHS Albany Regional Office, 3 Marcus Blvd, Albany, NY 12205
(Address)

on 9/17 - 9/19/13; 10/01 - 10/03/13 . Mode of transportation to be used
County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

Proper documentation must be attached when submitting for approval.

(Please check documents attached)

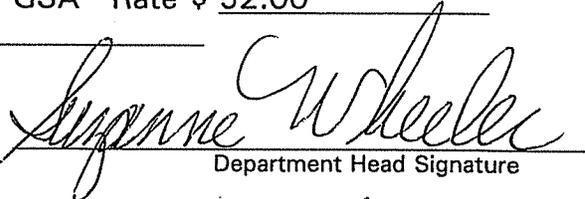
- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA * Rate \$ 52.00
- Meal costs - GSA *per diem rate \$ _____

* www.gsa.gov

Date: 8/27/13


Department Head Signature

Date: 8/27/13


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.

Cost Analysis

N Raymond
L DeMarsh
B Johnon

Training

Achieving Permanency

Date(s)

9/17-19/13

10/01-03/13

(Tot 6 Training days)

Cost of Training/Person	\$	84.00
# of staff attending		3
	\$	252.00

Fleet Car

COMM	X	0.105	\$	63.00
OVERNT			\$	21.00

# of miles - round trip	100	
X # trips	6	
Total # of Miles	<u>600</u>	Commute

# of miles - round trip	100	
X # trips	2	
Total # of Miles	<u>200</u>	Overnt

Personal Car

COMM	X	0.345	\$	207.00
OVERNT			\$	69.00

Est. Overtime

Commuting

	Salary	Hr Rate	OT Rate	# of hrs	Total OT
#1	<u>36,505</u>	17.55	26.33	<u>9</u>	236.93
#2	<u>42,126</u>	20.25	30.38	<u>9</u>	273.41
#3	<u>42,126</u>	20.25	30.38	<u>9</u>	273.41
#4	<u> </u>	0.00	0.00	<u> </u>	0.00
#5	<u> </u>	0.00	0.00	<u> </u>	0.00

OT \$ 783.76

Meals

Overnight

	# of hrs	Total OT
#1	<u>0</u>	0.00
#2	<u>0</u>	0.00
#3	<u>0</u>	0.00
#4	<u>0</u>	0.00
#5	<u>0</u>	0.00

Overnight OT \$ -

Hotel	# of days	Rate/night	Total Hotel Expense
	4	\$ 52.00	x 3 pp \$ 624.00

TOTALS	Fleet Car + Training + Hotel + OT	\$ 897.00
	Fleet Car + Training + Overtime	\$ 1,098.76
	Personal Car + Training + Hotel + OT	\$ 945.00
	Personal Car + Training + Overtime	\$ 1,242.76

This email has been automatically sent to you. DO NOT respond. It is not monitored.

TRAINING ANNOUNCEMENT

Training Title

Achieving Permanency through Surrender & Terminations of Parental Right D-1

Provider

SUC Buffalo - CDHS

MT - NO
JB - NO

NM - NO

TM - NO

CH - NO

NR - Yes

LD - Yes

BT - Yes

Date & Time	Name & Location	Registration Deadline	Lodging
*Certain deliveries have different daily start and end times. Please be sure to check for actual training times listed below under "Additional Information."			
09/17/2013 - 09/19/2013 09:00 AM to 04:30 PM	Achieving Permanency through Surrender & Terminations of Parental Right D-1 CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - #204 , Albany 12205-1129 Contact: Melissa Swift Phone: (518) 435-1825	08/20/2013	Holiday Inn Albany 205 Wolf Road, Albany 12205-1124 Phone: (518) 458-7264 Natalie Royman
10/01/2013 - 10/03/2013 09:00 AM to 04:30 PM	Achieving Permanency through Surrender & Terminations of Parental Right D-2 CDHS - Albany Regional Office 3 Marcus Blvd. Room: Chief Joseph Room - #204 , Albany 12205-1129. Contact: Melissa Swift Phone: (518) 435-1825		Holiday Inn Albany 205 Wolf Road, Albany 12205-1124 Phone: (518) 458-7264 Lana DeMush Joanne Brister

616 - Joanne Brister
578 Betty Johnson

e-mail
52A

Emailed change request 8/21/11

Additional Information

Reason for resend:

Re announced for recruitment purposes.

Course Description

The six-day delivery of this program is designed for local district and voluntary agency caseworkers whose job responsibilities include work related to making the decision to pursue adoption as the permanency goal. The program, appropriate for both foster care and adoption caseworkers, deals specifically with activities related to freeing the child through surrender or termination of parental rights. Additionally, it develops and applies the skills necessary to engage parents in the decision to surrender, as well as coaches parents and children in managing separation and loss. Attorneys will co-train components of this program, providing information on rights of fathers, preparing for termination of parent rights, surrender, and the new permanency legislation, Chapter 3 of the Laws of 2005, as they impact adoption practices. Participants will have the opportunity to work with the attorneys to practice effective testifying. The program includes preclassroom readings and tasks.

Training Description

This course, building on the abilities developed during the Common Core, strengthens caseworkers' capabilities to preserve and reunify families.

Target Population

Local district and voluntary agency foster and adoption caseworkers and supervisors whose job responsibility includes making the decision to pursue adoption as the permanency goal, either through a termination of

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 Sarah Montero, Jodi Rowland, Cynthia Cameron
(Supervisory Committee) (Employee Name)

to attend New LDSS Worker Training
(Name of meeting or organization)

at CAI Training Center, Albany, NY
(Address)

on Sept 9 - 13, 2013, and Sept 23 - 27, 2013. Mode of transportation
to be used County Vehicle
(Dates) (County Vehicle or Mass Transportation)

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

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 \$ 54.00
- Meal costs - GSA *per diem rate \$ _____

* www.gsa.gov

Date: 8/27/13


Department Head Signature

Date: 8/27/13


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.

Statewide Training Center for New York's Health Insurance Programs



September - December 2013 Registration Form

Select the training(s) you would like to attend.

Topic	Location Note: Open to all surrounding counties; please choose the area closest to you	Select: (X)	Date & Time Note: most programs run from 9:00 am – 4:30 pm
New LDSS Worker	Albany	<input checked="" type="checkbox"/>	9/9 – 13/2013 and 9/23 – 27/2013

Name:	Sarah Montero		Position:	Social Welfare Examiner	
Phone:	518-761-6296		Fax:	518-761-6301	
Email:	Sarah.Montero@dfa.state.ny.us				
Agency Type: (e.g. LDSS, FQHC, Article 28 Facility)	LDSS		County:	Warren	
Agency Name:	Warren County Department of Social Services	Sub-Organization/ Site:			
Agency Address: (Street, City, County, Zip)	1340 State Rt.9 Lake George, Warren 12845				
Supervisor's Name:	Tina Cameron				
Supervisor's Email:	Tina.Cameron@dfa.state.ny.us	Supervisor's Phone:	518-761-6297		
SDC Name:	Maureen Schmidt		SDC E-mail:	Maureen.Schmidt@dfa.state.ny.us	

Please mail or fax your completed registration form to CAI

Mail to: CAI
Attn: TCHIP
505 Eighth Avenue
Suite 1900
New York, NY 10018

Fax to: TCHIP
Attn: Jonathan
Fax # (212) 629-3321

Email to this form to Jonathan at jhooks@caiglobal.org

You will receive a confirmation email before the training program.

Please note - programs with low registration may be cancelled. Dates are subject to change.

If you have any questions about the registration, contact Jonathan at (212) 594-7741 (jhooks@caiglobal.org).

Vicinity
2 Winners Circle, Albany

Desmond
54 single
covered. dbl

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 8/26/2012

- (a) Purpose of Contract Change: AMEND CONTRACT
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: 458 OF 2012
- (c) Name of Contractor: WARRENSBURG LAUNDRY AND DRY CLEANING, INC.
- (d) Address of Contractor: 11 RICHARDS AVENUE, WARRENSBURG, NY 12885
- (e) Contractor's Contact Person and Telephone Number: CHARLES MINEO, PH#(518)668-2924
- (f) Commencement Date of Extension: AUGUST 20, 2012
- (g) Termination Date of Extension: AUGUST 19, 2013
- (h) Payment Provisions:
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc. \$0.49/LB, PAID IN MONTHLY INSTALLMENTS, NOT TO EXCEED \$21,000/YEAR.
- (i) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, and Title, and Amount: A.6030.470 CONTRACTS