

SOCIAL SERVICES COMMITTEE

AGENDA

Thursday, January 23, 2014

11:15 am

1. Committee Meeting called to order by Chairman.
2. Motion to approve minutes of prior Committee meeting.
3. ANNOUNCEMENTS NA
4. SOCIAL SERVICES COMMITTEE DSS PROGRAM INFORMATION AND EDUCATION
Introduction of DSS Unit Supervisors to the Committee
5. ACTION ITEMS
 - A. TRAININGS
 1. **Request:** Permission for Caseworkers Allison Millis, Cate England and Tammy Corbett to attend Child Protective Services (CPS) Response Training A in Albany from 1/27/14 – 1/31/14 and 2/10/14 – 2/14/14.
Rationale: Mandated see Attachment 5A1
 2. **Request:** Permission for Caseworkers, Dominique Rowland, and Sarah Montero, to attend Child Protective Common Core Training B in Albany from 2/3/14-2/7/14; 2/19/14-2/21/14; 3/3/14-3/7/14 and 3/18/14-3/21/14.
Rationale: Mandated see Attachment 5A2
 3. **Request:** Permission for Jacqueline Bell, Social Welfare Examiner, to attend the SNAP Training Institute in Albany from 2/3/14-2/7/14.
Rationale: Mandated see Attachment 5A3
 4. **Request:** Permission for Social Welfare Examiners Jessica Hoffman and Sarah Raymond, to attend the Institute for Temporary Assistance (TA) Programs, ITAP B1 in Albany from 3/10/14-3/14/14; and 3/24/14-3/28/14.
Rationale: Mandated see Attachment 5A4

B. PERSONNEL REQUESTS

1. **Request to Abolish** the position of Senior Typist Grade 4, due to the retirement of June Gadway, Step 29, Salary \$33,635 who retired January 10th **and Create and Fill** the Position of Keyboard Specialist and any **backfills**, Grade 3, Base annual salary is \$24,669.

Rationale: Savings of \$8,966, see Attachment 5B1

2. **Request to Abolish** the position of Director of Support & Fraud, Grade 17, due to the retirement of Lillian Hayes, Step 25, Salary \$53,398 and **Create and Fill** the Position of Supervising Support Investigator in the Child Support Unit and **all backfills**, Grade 15, Base Annual Salary \$37,138.

Rationale: Potential Savings of \$13,260, see Attachment 5B2

3. **Request to Fill** the Position of Senior Social Welfare Examiner and **all backfills** in the Temporary Assistance Unit due to the retirement of Janet Trackey, Grade 11, Step 21, Salary \$42,693. Base annual Salary \$33,687.

Rationale: Potential Savings \$8,986 see Attachment 5B3

4. **Request to Fill** the Position of Caseworker and **all backfills** in the Child Protective Services Unit due to the resignation of Meghan Gorman, Grade 14, Step 7, Salary of \$42,126. Base annual Salary \$36,093.

Rationale: Potential Savings \$6,033 see Attachment 5B4

5. **Request to Fill** the Position of Keyboard Specialist and **all backfills** in the Temporary Assistance Unit due to the resignation of Ashley Schwartz, Grade 3, Step 1, Salary of \$25,072. Base annual Salary \$24,699.

Rationale: See Attachment 5B5

TOTAL Potential Savings: \$37,245

C. APPOINTMENTS

1. **Request to Appoint** Wendy Burkowski (Bolton Landing) to the Warren County Youth Board for the term 1/1/14 – 12/31/14. **See Attachment 5C1**

2. **Request to Appoint** Annie McMahon (Lake Luzerne) to the Warren County Youth Board for the term 1/1/14 – 12/31/14. **See Attachment 5C2**

D. OTHER

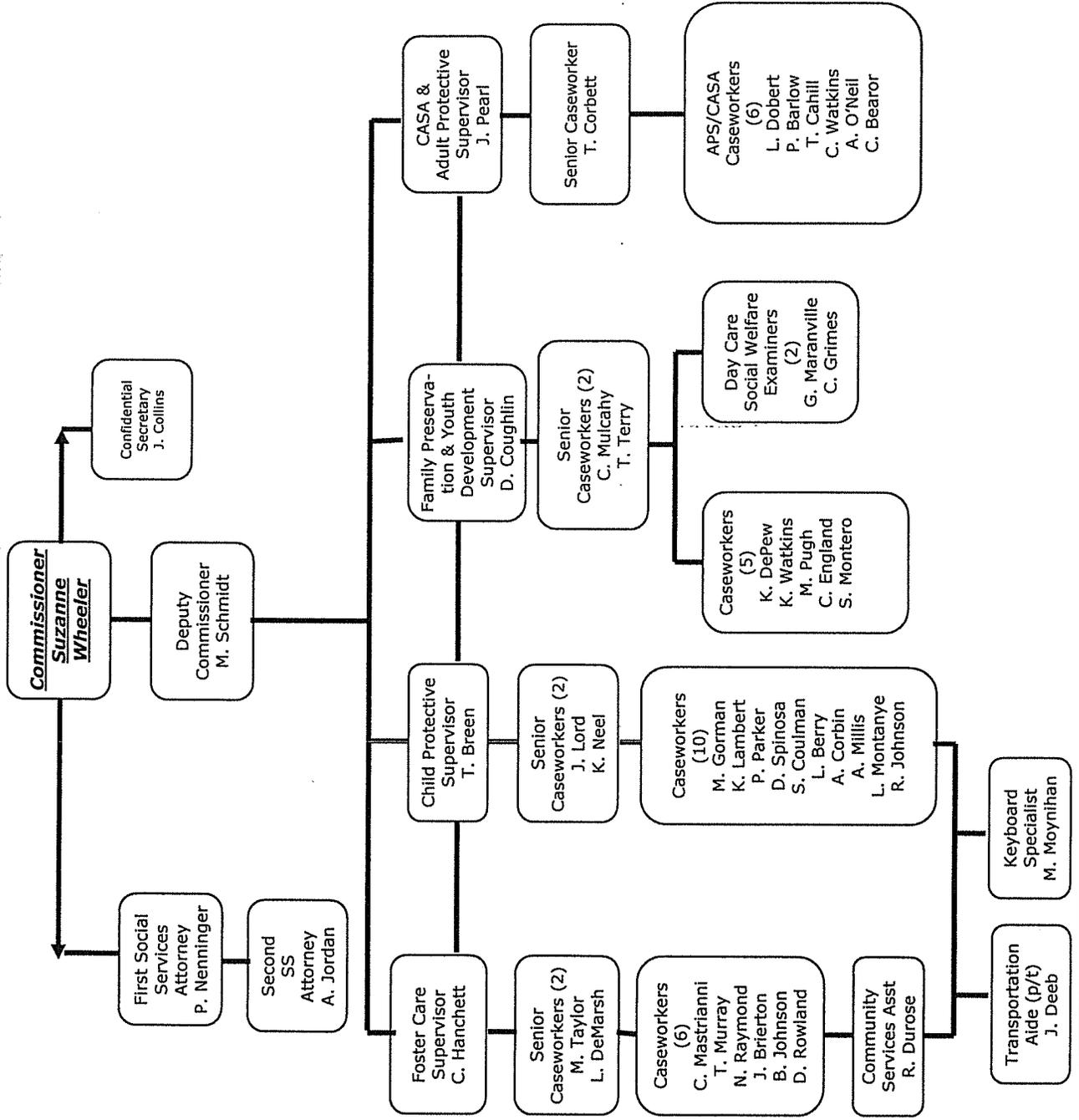
1. **Miscellaneous Resolution Request** to transfer the physical location, administration and supervision of the First and Second Social Services Attorneys from the County Attorney's Office to the Commissioner and Department of Social Services.

Rationale: The County Attorney and Commissioner of Social Services believe this transfer would foster optimum efficiency and outcomes for the Department of Social Services. See Attachment 5D1

II. OVERTIME REPORT

III. BUDGET STATUS REPORT

Social Services (Part 1)



SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Attachment
5A1

Check one:

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

The Social Services Committee hereby authorizes Allison Millis, Cate England and Tammy Corbett
(Supervisory Committee) (Employee Name)

to attend CPS Response Training A
(Name of meeting or organization)

at CDHS 3 Marcus Blvd Suite 105 Albany NY 12205
(Address)

on 1/27/14-1/31/14 and 2/10/14-2/14/14 Mode of transportation to be used
County Vehicle (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 \$ 162.00 GSA* Rate \$
- Meal costs - GSA* per diem rate \$ 15 per person

*www.gsa.gov

Date: 1/16/14

Department Head Signature

Date: 1/23/14

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.

Cost Analysis	Training	Date(s)
Allison Millis	CPS Response Training A	1/27-1/31/14
Cate England		2/10-2/14/14
Tammy Corbett		

Cost of Training/Person	\$ 140.00
# of staff attending	3
	<u>\$ 420.00</u>

Overnight	Commuting			
# of miles/1 way	50			
X # trips	4			
Total # of miles	200			
	50			
	20			
	1000	X	Fleet Car - .12	
			Overnight	\$ 21.00
			Commute	\$ 105.00

Estimated Overtime

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	41,300	19.86	29.78	18	536.11		
#2	35,385	17.01	25.52	18	459.32	Commuting OT	\$ 1,546.92
#3	42,485	20.43	30.64	18	551.49		
#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		

Meals/Gas \$ 450.00

			# of hrs	Total OT		
#1	41,356			0.00		
#2				0.00	Overnight OT	\$ -
#3				0.00		

Hotel	# of days	Rate/night	Total Hotel Expense
	8	\$ 162.00	\$ 1,296.00

Totals	Fleet Car + Training + Hotel + OT	\$ 2,187.00
	Fleet Car + Training + Overtime	\$ 2,071.92

Schmidt, Maureen (DFA4-A52)

From: StarsRequests@bsc-cdhs.org
 Sent: Thursday, December 12, 2013 2:24 PM
 To: Schmidt, Maureen (DFA4-A52)
 Subject: Albany- TS: Child Protective Services Response Training -A
 Attachments: 263036_263040_TravelPolicy CPSRT A 2014.pdf; 263036_263040_TravelPolicy CPSRT A Alb..pdf; 263036_Hotel Cancellation Policy 2011.pdf; 263036_Registration_Form.pdf

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

*Allison ~~Miller~~
 Kate England
 Tammy Bobett*

VIRTUAL CLASSROOM TRAINING ANNOUNCEMENT

Training Title

TS: Child Protective Services Response Training -A

Provider

SUC Buffalo - CDHS

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."			
01/13/14 to 02/14/14	TS: Child Protective Services Response Training -A TrainingSpace.org www.trainingspace.org Location Phone: (000) 000-0000	12/30/2013	
01/27/14 8:30am to 5:00pm 01/28/14 9:00am to 4:00pm 01/29/14 9:00am to 4:00pm 01/30/14 9:00am to 4:00pm 01/31/14 9:00am to 4:00pm	Child Protective Services Response Training -A-1 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Carol Clayton, Albany 122051129 Location Phone: 5184351825		Holiday Inn Albany 205 Wolf R Albany 12205-1124 Phone: (518) 458-7264
02/03/14 to 02/14/14	TS: Child Protective Services Response Training -A-Mid-Week TrainingSpace.org www.trainingspace.org Location Phone: (000) 000-0000		
02/06/14 09:00 AM to 04:30 PM	LL: CPSRT A CONNX Starting the Investigation in CONNECTIONS LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349		
02/10/14 08:30 AM to 05:00 PM	Child Protective Services Response Training -A-2 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Carol Clayton, Albany 122051129 Location Phone: 5184351825		Holiday Inn Albany 205 Wolf R Albany 12205-1124 Phone: (518) 458-7264

Additional Information

There is no advanced meal money for this training.

Please note:

Pre Classroom On-Line Computer based components will be available on-line beginning on Jan. 13, 2014 and will be accessible until the completion of the training.

Mid Classroom On-Line Computer based components will be available on-line beginning on Feb. 3, 2014 and will be accessible until the completion of the training.

Classroom Training Times are as follows:

Week One:

Monday - 1:00PM - 5:00PM; Tuesday - Thursday - 8:30AM - 5:00PM; Friday - 8:30AM - 12:00PM

Week Two:

Monday - 12:00PM - 5:00PM; Tuesday - 8:30AM - 5:00PM; Wednesday - 9:00AM - 4:00PM; Thursday - 8:30 AM- 5:00PM; Friday - 8:30AM - 12:00PM

Connections training will be delivered as 1 half day of iLinc either the AM or PM and 1 full day of classroom

iLinc: Thurs. 2/6: 9AM-12PM or 1-4 PM Trainees will be assigned to either the am or pm session.

Session assignments will be emailed by PDP to the trainee no later than the Fri. before the week of the course.

Classroom: Wed. 2/12: 9AM - 4PM

Course Description

This two-module training program, which includes one and a half days of CONNECTIONS training, builds on the knowledge and skills taught in the Common Core, and will prepare local district caseworkers to competently investigate, respond to, and document reports of child abuse and maltreatment.

This training combines Child Protective Services Response Training and CONNECTIONS. This program is eight full days of training. The program is delivered in two modules; each module is three full days and two half days in length to accommodate trainee travel needs and the CONNECTIONS training. In addition to these classroom modules, there is on-line training through TrainingSpace the week prior to the first classroom module, and in between the two classroom modules. Registration for this integrated training has been combined.

Training Description

This program provides instruction on how to conduct Child Protective Services investigations concerning reports of alleged child abuse and maltreatment, according to New York State law, regulation and policy recommendations. The program is designed to build caseworkers' competencies by providing them with the knowledge and skills necessary to work effectively with children and families, and to conduct thorough, timely and accurate investigations 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 pre-classroom computer-based instructional activities.

Beginning January 13, 2014, three weeks prior to Week 1 of classroom training, the trainee will engage in a series of pre-classroom computer-based instructional activities. Completion of these activities is a prerequisite to attending the classroom training.

Pre-classroom instructional activities will include a pre-test, a survey of trainees' experience in the field of child welfare, and other computer-based components that will provide information on selected statutes from Social Services Law, information distinguishing law, regulation and policy, information regarding educational neglect, information regarding investigatory documentation requirements, information regarding the information contained within SCR reports, an overview of the Child Protective Services Program Manual and information from a research article pertaining to common errors in child welfare work. Completion of the pre-classroom components lays the foundation for further development in the classroom and is required prior to the trainee attending Week 1 of the classroom training.

The pre-classroom computer-based components consist of narrated presentations that the trainee may complete individually at their convenience during that week. Computer-based instructional components can be accessed through TrainingSpace (access instructions below). The amount of time trainees will need to complete all of the pre-classroom components is approximately 2 hours.

There will also be mid-week computer-based training components that trainees will be required to complete in their home districts during the week between Week 1 of the classroom training and Week 2 of the classroom training. These components include a review of Progress Notes and completion of Safety Assessments pertaining to two case scenarios used during the classroom training, review of selected statutes from Article Ten of the Family Court Act, review of selected sections from the CPS Program Manual, information related to the issue of emotional trauma, and the half-day CONNECTIONS iLinc course LL: Starting the Investigation in CONNECTIONS. Completion of these mid-week computer-based components will enhance trainee understanding of Week 2 classroom content. The amount of time trainees will need to complete all of the mid-

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

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

The Social Services Committee hereby authorizes Dominique Rowland and Sarah Montero
(Supervisory Committee) (Employee Name)

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

at CDHS 3 Marcus Blvd Suite 105 Albany NY 12205
(Address)

on 2/3 - 2/7/14; 2/19 - 2/21/14; 3/3-3/7/14; 3/18 - 3/21/14 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)

- [X] Notice of meeting or convention including cost.

For Overnight Travel

- [X] Room rate \$ 104.00 GSA* Rate \$
[X] Meal costs - GSA*per diem rate \$ \$15 per person
*www.gsa.gov

Date: 1/15/14

Department Head Signature

Date: 1/23/2014

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.

[X] 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.

Cost Analysis	
Dominique Rowland	
Sarah Montero	

Training	Date(s)
CW/CPS Common Core Training B	2/3-2/7,2/19-2/21
	3/3-3/7,3/18-3/21

Cost of Training/Person		\$	238.00
# of staff attending			<u>2</u>
		\$	476.00
Overnight			
# of miles/1 way	<u>50</u>		
X # trips	<u>8</u>		
Total # of miles	400		
Commuting			
	<u>50</u>		
	<u>34</u>		
	1700		
	X		
Fleet Car - .12			
Overnight		\$	42.00
Commute		\$	178.50

Estimated Overtime

	Salary	Hr Rate	OT Rate	# of hrs	Total OT		
#1	<u>35,385</u>	17.01	25.52	<u>25.5</u>	650.71		
#2	<u>35,885</u>	17.25	25.88	<u>25.5</u>	659.90	Commuting OT	\$ 1,310.61
#3	<u></u>	0.00	0.00	<u></u>	0.00	Meals/Gas	\$ 510.00

	# of hrs	Total OT		
#1	<u></u>	0.00		
#2	<u></u>	0.00	Overnight OT	\$ -
#3	<u></u>	0.00		

Hotel	# of days	Rate/night	Total Hotel Expense
	13	\$ 104.00	\$ 1,352.00

Totals			
	Fleet Car + Training + Hotel + OT	\$	2,380.00
	Fleet Car + Training + Overtime	\$	1,965.11

Schmidt, Maureen (DFA4-A52)

From: StarsRequests@bsc-cdhs.org
 Sent: Thursday, December 12, 2013 2:21 PM
 To: Schmidt, Maureen (DFA4-A52)
 Subject: Albany- TS: CW/CPS Common Core Training B
 Attachments: 263143_263144_TravelPolicy B Alb 2014.pdf; 263143_263144_TravelPolicy CC B Albany 2014.pdf; 263143_Hotel Cancellation Policy 2011.pdf; 263143_Registration_Form.pdf

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

*Dominique
Sarah*

VIRTUAL CLASSROOM TRAINING ANNOUNCEMENT

Training Title

TS: CW/CPS Common Core Training B

Provider

SUC Buffalo - CDHS

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."			
01/13/14 to 03/21/14	TS: CW/CPS Common Core Training B TrainingSpace.org www.trainingspace.org Location Phone: (000) 000-0000	12/16/2013	
02/03/14 9:00am to 4:30pm 02/04/14 9:00am to 4:30pm 02/05/14 9:00am to 4:30pm 02/06/14 9:00am to 4:30pm 02/07/14 9:00am to 4:30pm	CW/CPS Common Core Training B-1 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Breakout A, Albany 122051129 Location Phone: 5184351825		Holiday Inn Albany 205 W Road, Albany 12205-1124 Phone: (518) 458-7264
02/10/14 to 03/21/14	TS: CW/CPS Common Core Training B-Mid-week A TrainingSpace.org www.trainingspace.org Location Phone: (000) 000-0000		
02/11/14 09:30 AM to 03:30 PM	LL: CW/CPS Common Core Training B CONNX 1 Working with Progress Notes LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349		
02/19/14 9:00am to 4:30pm 02/20/14 9:00am to 4:30pm 02/21/14 9:00am to 4:30pm	CW/CPS Common Core Training B-2 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Breakout A, Albany 122051129 Location Phone: 5184351825		Holiday Inn Albany 205 W Road, Albany 12205-1124 Phone: (518) 458-7264
02/24/14 to 03/21/14	TS: CW/CPS Common Core Training B-Mid-week B TrainingSpace.org www.trainingspace.org Location Phone: (000) 000-0000		
03/03/14 9:00am to 4:30pm 03/04/14 9:00am to 4:30pm	CW/CPS Common Core Training B-3 CDHS - Albany Regional Office		Holiday Inn Albany 205 W Road, Albany 12205-1124

03/05/14 9:00am to 4:30pm 03/06/14 9:00am to 4:30pm 03/07/14 9:00am to 4:30pm	3 Marcus Blvd, Suite 105 Room: Breakout A, Albany 122051129 Location Phone: 5184351825		Phone: (518) 458-7264
03/10/14 to 03/21/14	TS: CW/CPS Common Core Training B-Mid-week C TrainingSpace.org www.trainingspace.org Location Phone: (000) 000-0000		
03/11/14 09:30 AM to 03:30 PM	LL: CW/CPS Common Core Training B 2 CONNX Exploring the Stage Composition LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349.		
03/12/14 09:30 AM to 03:30 PM	LL: CW/CPS Common Core Training B CONNX 3 Documenting SPR & Visiting Plans LearnLinc Virtual Classroom Trainees Workstations Location Phone: (800) 810-1349		
03/18/14 9:00am to 4:30pm 03/19/14 9:00am to 4:30pm 03/20/14 9:00am to 4:30am 03/21/14 9:00am to 4:30pm	CW/CPS Common Core Training B-4 CDHS - Albany Regional Office 3 Marcus Blvd, Suite 105 Room: Breakout A, Albany 122051129 Location Phone: 5184351825		Holiday Inn Albany 205 Wol Road, Albany 12205-1124 Phone: (518) 458-7264

Additional Information

Please provide the name and phone number of each participant's supervisor in the trainee note field.

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.

Introduction to Learnlinc is a prerequisite for all iLinc courses and a computer headset with microphone is required to participate. For technical support, please call 1-800-810-1349

If trainee has met the Mandated Reporter prerequisite (see below), please make a note in the trainee note field.

Connections iLinc training dates: 2/11, 3/11 & 3/12
Connections classroom training date: 3/19

Course Description

This program will enhance caseworkers' competencies by providing them with the knowledge and skills necessary to work effectively with children and families.

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 Jan. 13, 2014 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 by phone unless the supervisor requests an in-person conference, or if the supervisor has not yet participated in this trainee preparation and development process. 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 Feb. 3,

SCHEDULE "A"
AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Attachment
5A3

Check one:

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

The Social Services Committee hereby authorizes Jacqueline Bell
(Supervisory Committee) (Employee Name)

to attend SNAP Training Institute
(Name of meeting or organization)

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

on Feb. 3 - 7, 2014. 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 \$ 84.00 GSA* Rate \$ 52.00

Meal costs - GSA* per diem rate \$ _____

*www.gsa.gov

Date: 1/22/14


Department Head Signature

Date: 1/23/2014


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.

Cost Analysis
Jacqueline Bell

Training
SNAP Training

Date(s)
2/3-2/7/14

			Cost of Training/Person	\$	70.00
			# of staff attending		<u>1</u>
				\$	70.00
Overnight		Commuting			
# of miles/1 way	<u>50</u>	<u>50</u>			
X # trips	<u>2</u>	<u>10</u>			
Total # of miles	100	500	X		
			Fleet Car - .12		
			Overnight	\$	10.50
			Commute	\$	52.50

Estimated Overtime

					Commuting			
	Salary	Hr Rate	OT Rate	# of hrs	Total OT			
#1	<u>31,780</u>	14.91	22.37	<u>9.5</u>	212.47			
#2	<u> </u>	0.00	0.00	<u> </u>	0.00	Commuting OT	\$	212.47
#3	<u> </u>	0.00	0.00	<u> </u>	0.00			
						Meals/Gas	\$	100.00

					Overnight			
				# of hrs	Total OT			
#1				<u>2.5</u>	55.91			
#2				<u> </u>	0.00	Overnight OT	\$	55.91
#3				<u> </u>	0.00			

Hotel	# of days	Rate/night	Total Hotel Expense
	4	\$ 52.00	\$ 208.00

Totals

Fleet Car + Training + Hotel + OT	\$ 444.41
Fleet Car + Training + Overtime	\$ 334.97

SNAP Training Institute: Email Announcement To: Maureen.Schmidt@dfa.state.ny.us

[Send Email](#)

Course: SNAP Training Institute
Class Status: Closed Nomination OK
No. Nominated: 18
Attachments: [Course Outline2014.pdf](#) [reg form 12-13.pdf](#) [Travel & Accomodation Policies Feb 2014.pdf](#)
Provider: SUNY Albany - PDP
Date: 02/03/2014 - 02/07/2014
Time(s): Day 1: 9:00am - 4:30pm , Day 1: 8:30am - 4:30pm ,
Location: SUNY Albany PDP Training Center UAB 437
 1215 Western Avenue Albany, NY 12203- [find on map](#)
Deadline: 01/17/2014
Not part of a Multipart Course

Course Description:

This program provides new or recently hired SNAP workers with a strong foundation of the knowledge and skills related to the job tasks of the NTA SNAP Social Welfare Examiner. The program will focus on SNAP policy and will address the use of myWorkspace as a case processing tool for the worker. Training emphasis will be on NTA SNAP. TA SNAP workers who need SNAP training are encouraged to attend the Institute for Temporary Assistance Program (ITAP).

Class Description:

Same as Course Description

Region: 4

Target Population:

NTA SNAP Staff

Course Prerequisites:

Course Content: SNAP

Pre-Registration Required: yes

Reimbursement: Mileage & Hotel

Class Fees: Fees will be charged

Meets CPS Requirement: no

Additional Information: Registration: 8:45 am on 2/3/14. Attached: Course Outline; Travel and Accomodation Policies; and Registration Form for those who cannot register directly via HSLC. For overnight trainees, the hotel provides breakfast and The Research Foundation for The SUNY provides dinner coupons for each eligible night. Lunch is provided to all trainees. The parking passes required for this training, directions, and parking map are attached to the Confirmation.

Directions:

DIRECTIONS TO THE ALBANY TRAINING CENTER UNIVERSITY ADMINISTRATION BUILDING 1215 WESTERN AVENUE, ALBANY NY 12203 From the South: " Take I-87 North to I-90 East (Exit 24) " Just past exit 24 interchange, take Exit 1S to Route 20 " Turn left (East) at "End of Road" onto Route 20 " Stay on Route 20 (Western Avenue) past the entrance to the Albany SUNY campus " Turn left at the Sunoco station onto University Drive, UAB is on your right " Turn at the second right into the parking lot behind UAB " Continue straight through the parking lot until you pass through the entrance to the Gold Parking lot. You will see a small Red and White "PDP Trainee Parking" sign on your right as you are entering the parking lot From the West: " Take I-90 East to exit 24 " Just past exit 24 interchange, take Exit 1S to Route 20 " Turn left (East) at "End of Road" onto Route 20 " Stay on Route 20 (Western Avenue) past the entrance to the Albany SUNY campus " Turn left at the Sunoco station onto University Drive, UAB is on your right " Turn at the second right into the parking lot behind UAB " Continue straight through the parking lot until you pass through the entrance to the Gold Parking lot. You will see a small Red and White "PDP Trainee Parking" sign on your right as you are entering the parking lot From the North: " Take I-87 (Adirondack Northway) South to Route 20 exit "

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 Jessica Hoffman and Sarah Raymond
 (Supervisory Committee) (Employee Name)

to attend Institute for TA Programs (ITAP B1)
 (Name of meeting or organization)

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

on 3/10/-3/14/14; and 3/24-3/28/14. 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)

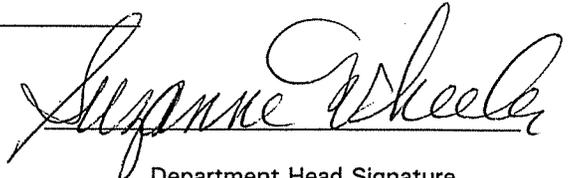
- Notice of meeting or convention including cost.

For Overnight Travel

- Room rate \$ _____ GSA* Rate \$ 51.00
- Meal costs - GSA* per diem rate \$ _____

*www.gsa.gov

Date: 1/22/14


 Department Head Signature

Date: 1/23/14


 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.

Cost Analysis		Training	Date(s)
Jessica Hoffman		Institute for TA Programs	3/10-3/14,
Sarah Raymond		(ITAP B-1)	3/24-3/28/14
		Cost of Training/Person	\$ 140.00
		# of staff attending	<u>2</u>
			\$ 280.00

		Fleet Car	
	X	0.105	\$ 210.00

# of miles - round trip	100
X # of days attending	<u>20</u>
Total # of Miles	2000

Overtime	Rate	# of hours	Total OT
(Estimated)	22.61	15	\$ 339.15
	22.61	15	\$ 339.15
			<u>\$ 678.30</u>

Hotel	# of days	Rate/night	Total Hotel Expense
	16	\$ 51.00	\$ 816.00

Totals		Fleet Car + Training + Hotel	\$ 1,306.00
		Fleet Car + Training + Overtime	\$ 1,168.30

From: Stars@bsc-cdhs.org
 Sent: Thursday, January 16, 2014 1:56 PM
 To: Schmidt, Maureen (DFA4-A52)
 Subject: Albany- Institute for Temporary Assistance Programs (ITAP) B-1 -Revised
 Attachments: 642213_Course Outline 2014.pdf; 642213_Travel and Accommodation Policies ITAP March2014.pdf

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

TRAINING ANNOUNCEMENT

Training Title

Institute for Temporary Assistance Programs (ITAP) B-1

Provider

SUNY Albany - PDP

Date & Time	Name & Location	Registration Deadline	Lodging
03/10/14 9:00am to 4:30pm 03/11/14 8:30am to 4:30pm 03/12/14 8:30am to 4:30pm 03/13/14 8:30am to 4:30pm 03/14/14 8:30am to 2:30pm	Institute for Temporary Assistance Programs (ITAP) B-1 SUNY Albany PDP Training Center UAB 437 1215 Western Avenue, Albany 12203- Location Phone: (518) 956-7800	02/20/2014	CrestHill Suites 1415 Washington A Albany 12206-0000 Phone: (518) 454-0007
03/24/14 9:00am to 4:30pm 03/25/14 8:30am to 4:30pm 03/26/14 8:30am to 4:30pm 03/27/14 8:30am to 4:30pm 03/28/14 8:30am to 2:30pm	Institute for Temporary Assistance Programs (ITAP) B-2 SUNY Albany PDP Training Center UAB 437 1215 Western Avenue, Albany 12203- Location Phone: (518) 956-7800		CrestHill Suites 1415 Washington A Albany 12206-0000 Phone: (518) 454-0007

Additional Information

Reason for resend: Lodging information added and updated travel

\$ 51 - motel

Registration on first day of each week: 8:45am.

Attached please find: Course Outline and updated Travel and Accommodation Policies.

For overnight trainees, the CrestHill Suites provides breakfast and the Research Foundation for The SUNY provides dinner coupons for each eligible night. Lunch is provided to all training participants.

The parking passes required for this event, directions, and parking map are attached to the Confirmation.

Course Description

This program is the primary vehicle for delivering core, performance-based training to new Temporary Assistance (TA) workers from social service districts (SSD) across New York State. This 10-day residential institute provides uniform, consistent knowledge and skill development opportunities related to the policies, procedures, and computerized systems that support and assist social services districts and workers in administering temporary assistance programs. Course topics, objectives, and sequencing are based on a delivery plan developed in previous years in conjunction with NYS OTDA and the NYS Welfare Reform Advisory Committee, in addition to previous job task analyses of the role of the Social Welfare Examiner in managing temporary assistance caseloads.

This training program is a key component of a training resource system (TRS) for new TA workers, which spans a six-month period, where competency is gained and measured through classroom training as well as participation in a mix of job-related work and learning (wrap-around) activities. TRS related learning resources and supports can be found on www.trainingspace.org. It is recommended that registrants for ITAP review and complete pre-training activities in the ITAP Wrap-Around, Phase One using the assigned NYS sign-on.

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01.09.14

- (a) Title of Requested Position: KEYBOARD SPECIALIST
- (b) Annual Base Salary (and Grade if Applicable): Grade 3 \$24,669
- (c) Effective Date for New Position: * 2/21/14
*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):

Abolish the position of Senior Typist at a salary of \$33,635 Grade 4 - 29
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: A 6010-110
- (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
- (h) Is there expected revenue from this position? If so, please explain:

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

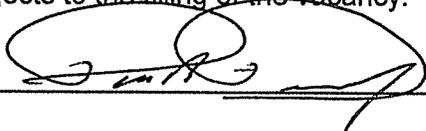
This notice of intent is filed whenever a department head plans to fill an *existing* funded position in their budget that is vacated due to a retirement, resignation, termination or promotion. This notice may not be used for requests to create a *new* position. For complete instructions on the procedure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

DEPARTMENT HEAD COMPLETES THIS SECTION

Department SOCIAL SERVICES Payroll Dept. No. 40.00
Title of Position KEYBOARD SPECIALIST Annual Salary \$24,669 Grade 3
Budget code and title A.6010 110 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No. _____
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 39% State 38% Other Local 23%
Impact to Budget: Abolish Sr. Typist at salary of \$33,635 (Step 29) for a savings of \$8,966
Personnel Officer has approved this form when initialed. _____

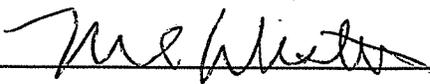
COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee SOCIAL SERVICES Date 1/23/14
 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 1/23/14
 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 _____

Collins, Joanne (DFA4-A52)

From: lumpsum@osc.state.ny.us on behalf of AHarrington@osc.state.ny.us
Sent: Friday, January 03, 2014 4:37 AM
To: LeClair, Heidi
Subject: Notice of Retirement for June M Gadway

New York State and Local Retirement Systems
Employees' Retirement System
Police and Fire Retirement System
110 State Street, Albany, New York 12244
1-866-805-0990 or 518-4747736

In reply refer to
Member Name: June M Gadway
Registration No: 33738212
Unit ID: Unit F1
User ID: RT509

Dear Employer:

June M Gadway applied for retirement effective January 10, 2014. The last day for which salary may be paid is the day before the effective date of retirement. The Statement of Accrued Payment and Leave Credits form (RS6221) will be available, on the web, for data entry on or about the effective date of retirement, January 10, 2014. At that time you will receive another notice which will provide you with a link to our web site where information may be entered for the member.

We cannot complete this member's benefit calculation until the Statement of Accrued Payments and Leave Credits information is submitted.

For specific information pertaining to this member's retirement, please click on the link below. Please use the userid and password assigned to you when prompted.

<https://nysosc9.osc.state.ny.us/product/rtmailin.nsf/LUWebDocs/A7D6F5214B40E09385257C550033C34C?OpenDocument>

Sincerely,

Andrea Harrington

Employees' Retirement System Examiner

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

DEPARTMENT NAME: SOCIAL SERVICES

DATE: 01.09.14

- (a) Title of Requested Position: SUPERVISING SUPPORT INVESTIGATOR
- (b) Annual **Base** Salary (and Grade if Applicable): Grade 15 \$37,138
- (c) Effective Date for New Position:* 2/21/14
*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):

Abolish the position of Director of Support & Fraud at a salary of \$50,398, Grade 17 - 25
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount: A, 6010 110
- (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: Mandated
- (h) Is there expected revenue from this position? If so, please explain:

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. 40.07
Title of Position SUPERVISING SUPPORT INVESTIGATOR Annual Salary \$37,138
Grade 15

Budget code and title A.6010 110 Union Non-Union

This position is vacated due to: Retirement Resignation Termination Promotion Other

Employee No. _____

Is this position mandated? Yes No Is the position reimbursable? Yes No

Source of reimbursement: Federal 39% State 38% Other Local 23%

Impact to Budget: Abolish Director of Support & Fraud at a salary of \$50,398 (Grade 17 Step 25) for a savings of \$13,260

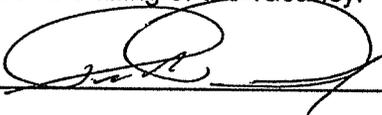
Personnel Officer has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 1/23/14

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

The Administrator objects to the filling of the vacancy.

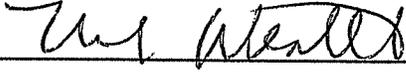
Administrator Signature 

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 1/23/14

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 _____

November 8, 2013

Suzanne Wheeler, Commissioner
Warren County Social Services
1340 State Route 9
Lake George, NY 12845

Dear Commissioner Wheeler:

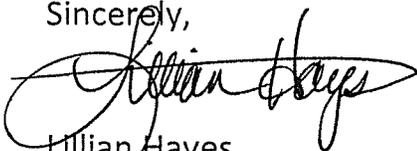
After 32.42 (!!) years of employment with Warren County, it is time for me to explore other interests. I am writing to notify you of my intent to retire January 2014.

I have learned much in my tenure with the County, and appreciate the opportunities I have had here. And I have very much enjoyed working under your leadership.

I will be in the office through the week of January 17th. The Martin Luther King holiday falls on the 20th, and I intend to take my three personal days and floating holiday the 21st, 22nd, 23rd, and 24th. My effective date of retirement will be January 25, 2014.

Thank you for the support you have provided to my Units and to me during the time you have been both Deputy Commissioner and Commissioner. I wish you continued success with the department.

Sincerely,

A handwritten signature in black ink, appearing to read "Lillian Hayes", written over a horizontal line.

Lillian Hayes

Director, Child Support Enforcement & Welfare Fraud

RESOLUTION REQUEST FORM NO. 12

Attachment 5B3

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. 40.00
Title of Position SENIOR SOCIAL WELFARE EXAMINER Annual Salary \$33,687 Grade 11
Budget code and title A.6010 110 Union X Non-Union
This position is vacated due to: X Retirement Resignation Termination Promotion Other
Employee No. 4509
Is this position mandated? X Yes No Is the position reimbursable? X Yes No
Source of reimbursement: X Federal 39% X State 38% X Other Local 23%
Impact to Budget: Total savings of \$8,986; current employee was Grade 11 Step 21 at a salary of \$42,693
Personnel Officer has approved this form when initialed.

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee Social Services Date 1/23/14

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

Administrator Signature [Handwritten Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Social Services Date 1/23/14

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

Ranking Committee Member Signature [Handwritten 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

Janet Trackey
54 White Birch Drive
Lake Luzerne, NY 12846

January 14, 2014

Suzanne Wheeler, Commissioner
Warren County Dept. of Social Services
Human Services Building
1340 State Route Nine
Lake George, NY 12845x

RE: Pending Retirement

Dear Suzanne,

It is with both joy and sadness that I inform you of my pending retirement. After being out all last week with the flu and pneumonia and using all my sick time I realized life is short and if I am going to have a quality retirement I must do it sooner rather than later. I have multiple medical issues that I need to constantly address which I know creates a strain on my work and fellow employees. On February 5th, I need to get knee surgery and now with no sick time, that would mean having to use vacation and then there wouldn't be hardly anything left for the rest of the year.

With that being said, my last work day will be January 30th with January 31st being my first official day of retirement. During the rest of the month I will take my personal days and my floating holiday as I have many appointments during this time. I will take a buyout on my 20 days of vacation.

I am truly sorry for the short notice but as I said with the impending knee surgery and knowing I would be out of work another week, it just seems in fairness to all this is the best way.

I will make myself available at your convenience and look forward to my exit interview.

Sincerely,


Janet A. Trackey

Cc: Kelly Barker

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 CPS CASEWORKER Annual Salary \$36,093 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. 11369
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 39% State 38% Other Local 23%
Impact to Budget: Current staff salary of \$42,126 (Gr 14 Step 7) for a savings of \$6,033
Personnel Officer has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee SOCIAL SERVICES Date 1/23/14
 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 1/23/14
 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 _____

January 21, 2014

Meaghan Gorman
14 Myron Rd
South Glens Falls NY 12803

Dear Commissioner Wheeler,

After careful thought and consideration, I have decided to resign from my position as Warren County Child Protective Case Worker. I have decided to take a position at Saratoga County Probation. My last day at Warren County DSS will be February 6, 2014.

I am very grateful to have had the opportunity to work in Child Protective Services. I appreciate all the support and guidance from not only my supervisors but also my co-workers.

Sincerely,

A handwritten signature in black ink, appearing to read 'Meaghan Gorman', written in a cursive style.

Meaghan Gorman

RESOLUTION REQUEST FORM NO. 12

Attachment 5B5

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. 40.00
Title of Position KEYBOARD SPECIALIST Annual Salary \$24,699 Grade 3
Budget code and title A.6010 110 Union [X] Non-Union []
This position is vacated due to: [] Retirement [X] Resignation [] Termination [] Promotion [] Other
Employee No. 12315
Is this position mandated? [X] Yes [] No Is the position reimbursable? [X] Yes [] No
Source of reimbursement: [X] Federal 39% [X] State 38% [X] Other Local 23%
Impact to Budget: Current KBS was step 1 employed less than 1 year
Personnel Officer has approved this form when initialed. _____

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

Name of Committee SOCIAL SERVICES Date 1/23/14
[X] The Administrator has no objection to the filling of the vacancy.
[] The Administrator objects to the filling of the vacancy.

Administrator Signature [Handwritten Signature]

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee SOCIAL SERVICES Date 1/23/14
[X] The committee has no objection to the filling of the vacancy.
[] The committee objects to the filling of the vacancy.

Ranking Committee Member Signature [Handwritten 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 _____

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: 1/14/14

- (a) Name of Appointee: WENDY BURKOWSKY
- (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 BOLTON LANDING
- (e) Address of Appointee: 875 TROUT LAKE RD, BOLTON LANDING, NY 12814
- (f) Title of Appointment: WARREN COUNTY YOUTH BOARD MEMBER
- (g) Effective Date of Appointment: 1/1/14
- (h) Termination Date of Appointment: 12/31/14
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

WARREN COUNTY YOUTH BOARD MEMBER
APPOINTMENT FORM

Return to: Warren County Youth Bureau
1340 State Route 9
Lake George, New York 12845
Phone: 761-66362
Fax: 761-6518

Please appoint this individual to the Warren County Youth Board.

New Appointee

Renewal Appointee

Name (of appointee)

WENDY BURKOWSKI

Mailing Address

875 TROUT LAKE RD

BOLTON LANDING N.Y. 12814

Affiliation/Municipality

BOLTON

Mayor/Supervisor's Signature

Date

PLEASE RETURN AS SOON AS POSSIBLE!!!

THANK YOU!!!

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: 1/14/14

- (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: 1/1/14
- (h) Termination Date of Appointment: 12/31/14
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

WARREN COUNTY YOUTH BOARD MEMBER
APPOINTMENT FORM

Return to: Warren County Youth Bureau
1340 State Route 9
Lake George, New York 12845
Phone: 761-6498
Fax: 761-6518

- Please appoint this individual to the Warren County Youth Board.
 New Appointee
 Renewal Appointee

Name (of appointee) Annie McMahon
Mailing Address 8 Hudson Ct
Lake Luzerne NY 12846
Affiliation/Municipality Town of Lake Luzerne
Gregory J. Meelus 11/7/13
Mayor/Supervisor's Signature Date

PLEASE RETURN AS SOON AS POSSIBLE!!!

THANK YOU!!!

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: 1/23/14

- (a) Name of Appointee: CHEYENNE MOSES
- (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 STONY CREEK
- (e) Address of Appointee:
- (f) Title of Appointment: WARREN COUNTY YOUTH BOARD MEMBER
- (g) Effective Date of Appointment: 1/1/2014
- (h) Termination Date of Appointment: 12/31/2014
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

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: 1/23/14

- (a) Purpose of Request: To Transfer the physical location and administration and supervision of the First and Second Social Services Attorney's, from the County Attorney's Office, to the Commissioner and the Department of Social Services, to foster optimum efficiency and outcomes.

- (b) Details:

- (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