

Health & Human Services Committee
Warren County Department of Social Services
COMMITTEE MEETING AGENDA
March 19, 2019

Committee Members: Supervisors Frasier, McDevitt, Braymer, Leggett, Loeb, Driscoll, Hyde, Magowan and Sokol.

- I. Committee meeting called to order by Chairman
- II. Motion to approve minutes of prior Committee meeting
- III. Action Agenda/New Business

1. **Request Resolutions:** --PERSONNEL ITEMS--

SOCIAL SERVICES

- Notice of Intent to Fill the Position of Part Time Assistant Social Services Attorney (20 hours per week). Annual Base Salary \$34,260 due to resignation effective February 15, 2019.
- Notice of Intent to Fill the Position of Social Welfare Examiner #43 in the Temporary Assistance Unit, Grade 8, Annual Base Salary \$33,600, due to promotion effective March 11, 2019.
- Notice of Intent to Fill the Position of Social Welfare Examiner #17 in the Medicaid Unit, Grade 8, Annual Base Salary \$33,600, due to promotion effective March 11, 2019.

PLEASE SEE ATTACHMENT #1

2. **Request Resolutions:** --PERSONNEL ITEMS--

COUNTRYSIDE ADULT HOME

- Request to Create (and Fill, see next item) the position of Part Time Temporary Senior Aide, Grade 7, Annual Base Salary \$33,600, in for a period up to 6 months, to be reviewed in 6 months.
- Notice of Intent to Fill the Position of Part Time Temporary Sr. Aide, Grade 7.
- Notice of Intent to Fill the Position of Institutional Aide #12, Grade 3, Base Salary \$28,026, due to retirement effective March 1, 2019.
- Notice of Intent to Fill the Position of Institutional Aide Per Diem, Grade 3, due to resignation effective March 4, 2019.
- Notice of intent to Fill the Position of Foodservice Worker (# TBD), Grade 2, due to promotion, date to be determined.

Rationale: The positions are mandated and reimbursed. Filling and Creating key positions will balance staffing needs and reduce the need for overtime.

PLEASE SEE ATTACHMENT #2

3. **Request Resolution:**

Request permission for the Department of Social Services to enter into a contract with Homeless Management Information System (HMIS), to provide various services related to Temporary Assistance-Homelessness with regard to reporting and collecting data, and making referrals, for the term commencing March 1, 2019 and terminating February 29, 2020, for total amount not to exceed \$5,000. (Note: Second year renewal amount would be reduced to \$3,000).

Rationale: This is an essential reporting and data collection tool.

PLEASE SEE ATTACHMENT #3

4. **Request Resolutions:**

- Requesting Authorization to pay the New York State Department of Health (NYS DOH) for a fine in the amount of \$2,673.00, as a result of violations cited in Reports of Inspection for Countryside Adult Home dated August 17, 2018 and December 20, 2018.

Rationale: This is a New York State Department of Health Directive.

PLEASE SEE ATTACHMENT #4

5. **Request Resolution:**

Request to renew the contract with Jennifer Linehan, Dietary Consultant, for Dietician Services at Countryside Adult home, for the period commencing March 2, 2019 and terminating March 1, 2020, for a total amount not to exceed \$3,840.00.

Rationale: Contract Expired March 1, 2019.

PLEASE SEE ATTACHMENT #5

6. **Request Resolution:**

Request to Appoint two member to the Warren County Youth Board for the 2019 calendar year.

PLEASE SEE ATTACHMENT #6

IV. Pending Items - There are no pending items

V. Information for Discussion and/or Review

- Chris Hanchett, Commissioner - Updates for Social Services & Countryside Adult Home
- Julie Montero, Fiscal Manager - Monthly Revenue & Expenditures and Overtime Reports;

PLEASE SEE ATTACHMENT #7

VI. Privilege of the Floor to discuss any additional items to come before the Committee

VII. Motion to Adjourn

ATTACHMENTS:

1. Personnel Requests Social Services:

Notices of Intent to Fill: PT Attorney, SWE #43, SWE #17

2. Personnel Requests Countryside:

Create PT Sr Aide; and

Notices of Intent to Fill: PT Sr Aide, Institutional Aide #12, Sr. Aide #2, Institutional Aide Per Diem

3. Request to enter into an Agreement with HMIS

4. Request Authorization to pay NYS DOH \$2,673 in fines-Countryside.

5. Request to renew contract for Dietician Services-Countryside

6. Request to Reappoint two members to the Warren County Youth Board for 2019

7. Monthly Revenue and Expenditure Reports

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: Assistant Social Services Attorney-Part Time Base Salary of Position: ~~36,000~~ \$34,200 Grade: _____
Filling at Step # (If Known): _____
Budget code and title: A6010 130 - Salaries - Part Time (20 hrs) Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 13149/DeStefano Date of Vacancy: 02/15/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. DOB 3/14/19
Human Resources Director has approved this form when initialed. 12-3-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 3/15/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A. Fraser Date 3/19/19

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.00
Title of Position: Social Welfare Examiner #43 Base Salary of Position: 34,988 Grade: 8
Filling at Step # (If Known): _____
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 11939/McKinney Date of Vacancy: 03/11/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. POW 3/14/19
Human Resources Director has approved this form when initialed. 17 3-14-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 3/15/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A. Lamer Date 3/19/19

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: SOCIAL SERVICES Payroll Dept. No: 40.03
Title of Position: Social Welfare Examiner #17 Base Salary of Position: 34,988 Grade: 8
Filling at Step # (If Known): _____
Budget code and title: A6010 110 - Salaries - Regular Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: 12440/Snowball Date of Vacancy: 02/19/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State 25 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. 3/14/19
Human Resources Director has approved this form when initialed. 3-14-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 3/15/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A. Train Date 3/19/19

RESOLUTION REQUEST FORM NO. 11

Request to Create New Position

ATTACHMENT #2

DEPARTMENT NAME: COUNTRYSIDE ADULT HOME

DATE: 3/19/19

- (a) Title of Requested Position: **Part-Time Temporary Sr. Aide**
- (b) Annual Base Salary (and Grade if Applicable): **\$33,600 - Grade 7**
- (c) Effective Date for New Position:* **April 22, 2019**
*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):
N/A
- (e) Where are Funds in the Budget for this Position? List Budget Code, Object Code, Full Title and Amount:
A 6030 130 - Salaries part-time
- (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:
- (h) Is there expected revenue from this position? If so, please explain:
Reimbursed 50% State

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: COUNTRYSIDE ADULT HOME Payroll Dept. No: 42.00
Title of Position: Sr. Aide - Part Time Temporary Base Salary of Position: 33,600 Grade: 7
Filling at Step # (If Known): _____
Budget code and title: Salaries-PT A6030 130 Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: _____ Date of Vacancy: 04/22/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal _____ % State 50 % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other _____
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. *Ray 3/14/19*
Human Resources Director has approved this form when initialed. *AD 3-14-19*

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature *Frank E. Thomas* Date 3/15/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature *Edna A. Frasier* Date 3/19/19

RESOLUTION REQUEST FORM NO. 12

Schedule "A"

NOTICE OF INTENT TO FILL VACANT POSITION

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DEPARTMENT HEAD COMPLETES THIS SECTION

Department: Countryside Adult Home Payroll Dept. No: _____
Title of Position: Institutional Aide #12 Base Salary of Position: \$28,026 Grade: 3
Filling at Step # (If Known): _____
Budget code and title: A.6030.110 Countryside Adult Home Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: #7700/Moon Date of Vacancy: 3/1/19
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State _____ % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other LABOR

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring. See 3/14/19

Human Resources Director has approved this form when initiated. ns 3-14-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank E. Thomas Date 3/15/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services

- The committee has no objection to the filling of the vacancy.
- The committee objects to the filling of the vacancy.
- In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
- In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna G. Traver Date 3/19/19

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: Countryside Adult Home Payroll Dept. No: _____

Title of Position: Institutional Aide Per Diem Base Salary of Position: \$28,026 Grade: 3

Filling at Step # (If Known): _____

Budget code and title: A.6030.130 Countryside Adult Home PartTime Salaries Union Non-Union

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

Employee No./Last Name: #13171/Martindale Date of Vacancy: 3/4/19

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

Source of reimbursement: Federal 50 % State _____ % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other Label

Actual Impact to Budget Report will be provided monthly by Human Resources Director.

Candidate's qualifications must be approved by Personnel Officer prior to hiring. Jan 31/19

Human Resources Director has approved this form when initialed. 10.3.19.19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

The Administrator objects to the filling of the vacancy.

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

The Budget Officer has no objection to the filling of the vacancy.

The Budget Officer objects to the filling of the vacancy.

Budget Officer Signature Frank C. Thomas Date 3/15/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human + Social Services

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

The committee objects to the filling of the vacancy.

In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.

In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A. Lasee Date 3/19/19

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: Countryside Adult Home Payroll Dept. No: 42.00
Title of Position: Food Service Helper #TBD Base Salary of Position: \$27,438 Grade: 2
Filling at Step # (If Known): _____
Budget code and title: A.6030.110 Countryside Adult Home Full Time Salaries Union Non-Union
This position is vacated due to: Retirement Resignation Termination Promotion Other
Employee No./Last Name: (backfill) Date of Vacancy: 3/19/2019
Is this position mandated? Yes No Is the position reimbursable? Yes No
Source of reimbursement: Federal 50 % State _____ % Other _____ %

CIVIL SERVICE STATUS AND HUMAN RESOURCES DIRECTOR APPROVAL

Competitive-active eligible list Competitive-no list (*hiring would be provisional*) Non-Competitive Other labor
Actual Impact to Budget Report will be provided monthly by Human Resources Director.
Candidate's qualifications must be approved by Personnel Officer prior to hiring. Ray 3/14/19
Human Resources Director has approved this form when initialed. AG 3-14-19

COUNTY ADMINISTRATOR COMPLETES THIS SECTION

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

Administrator Signature _____ Date _____

BUDGET OFFICER COMPLETES THIS SECTION

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

Budget Officer Signature Frank C. Thomas Date 3/15/19

SUPERVISORY COMMITTEE COMPLETES THIS SECTION

Name of Committee Health, Human & Social Services
 The committee has no objection to the filling of the vacancy.
 The committee objects to the filling of the vacancy.
 In the case of an emergency, Committee Chair has no objection to the filling of the vacancy.
 In the case of an emergency, Committee Chair objects to the filling of the vacancy.

Ranking Committee Member Signature Edna A. Swain Date 3/19/19

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

ATTACHMENT #3

DEPARTMENT NAME: **Social Services**

DATE: **March 19, 2019**

- (a) Is this a Result of a Bid or Request for Proposal? **No**
- (b) Purpose of Contract: **To obtain licenses for the Homless Management Information System (HMIS) from CARES of NY, Inc. The purpose of the HMIS system is to improve the quality of the planning and data collection process related to the comprehensive homeless services plans, per 18 NYCRR §304.2. The contract also includes the data reports from CARES for the required outcome reports to be submitted to OTDA, as part of the plan requirements.**
- (c) Name of Contractor: **CARES of NY, Inc.**
- (d) Address of Contractor: **200 Henry Johnson Boulevard, Suite 4, Albany, NY 12210**
- (e) Contractor's Contact Person and Telephone Number:
Allyson Thiessen, 518-489-4130
- (f) Has or will the Contract be provided, if so, please attach: **Attached**
- (g) Commencement Date of Contract: **March 1, 2019**
- (h) Termination Date of Contract: **February 29, 2020**
- (i) 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.

Payments will be made in a lump sum amount of \$5000.00 for the first year, and \$3000.00 for the second year of service.

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR Capital Project OR Capital Reserve Project Number, Title, and Amount: **The State is providing a district allocation of up to \$45,000 to support connectivity to the local HMIS system and other administrative actions related to the Homeless Services Plan. This is per 18-LCM-21.****



200 Henry Johnson Boulevard, Suite 4 • Albany, New York 12210
Phone: (518) 489-4130 • Fax: (518) 489-2237 • http://www.caresny.org

**End User Licensing and Username HMIS CONTRACT
BETWEEN CARES OF NY, INC.
AND**

AGENCY: _____

CONTRACT TERM: MARCH 1, 2019-~~FE~~BRUARY 29, 2020

CARES of NY, Inc. Agrees to provide access to the CARES Regional HMIS in the form of up to 15 user names and licenses within unlimited project configurations to the contracting agency. In return, the agency agrees to pay a user fee of \$5,000 for the first year of service, reduced to \$3000 for the second year of service.

CONTRACTED SERVICES

CARES of NY, Inc. (CARES) will provide the following services as outlined in the CRHMIS Policy and Procedure Manual

- a. CARES staff will provide access to the CARES' Regional Homeless Management Information System (HMIS) to the agency with up to 15 user licenses. Additional licenses available for an increased fee
- b. CARES will provide training to both new and advanced users of the system both in person and remotely
- c. CARES will provide support for; data collection, data quality, and reporting support via helpdesk, telephone, training, monitoring and remote assistance
- d. CARES staff will coordinate the collection, analysis and submission of data on behalf of the agency to the CoC, OTDA and HUD

PAYMENT SCHEDULE

An Invoice for the full contract amount will be submitted at the start of the contract, please pay upon receipt.

Date: _____

Kirsten Jones, Contract manager CARES of NY, In.c

Date: _____

Agency Authorized Representative

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

ATTACHMENT #4

****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: 03/19/19

- (a) Purpose of Request: **Requesting Authorization to pay \$2,673.00 to the New York State Department of Health, for violations cited at Countryside Adult Home in 2018.**
- (b) Details:
- (c) Previous Resolution Number: **n/a**
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: **A 6030 439**

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

*** as listed in budget and LOGOS**



Department
of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

February 13, 2019

Operator in c/o Christina Mastrianni
Countryside Adult Home
353 Schroon River Road
Warrensburg, New York
12885

Re: Referral for Enforcement Action

Dear Operator:

Per letter to you from Valerie Deetz, Director, Division of Adult Care Facilities and Assisted Living Surveillance, dated February 1, 2019, you were notified that Countryside Adult Home was referred to the Department's Division of Legal Affairs based upon violations cited in reports of inspection dated August 17, 2018, and December 20, 2018.

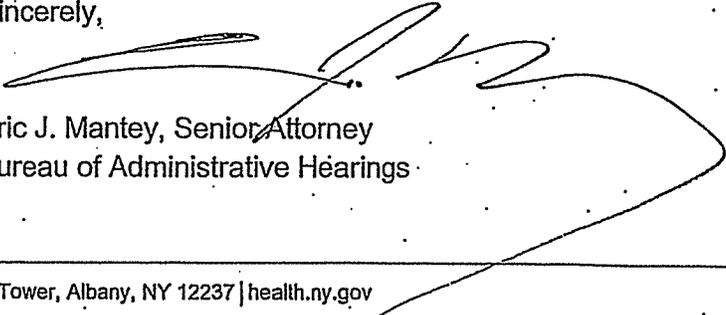
I am the attorney assigned to this case. Enclosed is a proposed Stipulation and Order to resolve this matter. If the terms contained therein are acceptable to the operator, please have the proposed stipulation signed and dated by the operator (or other authorized individual), and return to me for submission to the Commissioner of the Department of Health. This should be returned to me by March 19, 2019, at:

Division of Legal Affairs
Room 2412, Corning Tower
Empire State Plaza
Albany, New York 12237

Please note that the proposed Stipulation and Order will not become final and binding upon the parties unless and until it is reviewed, approved, and countersigned by the Commissioner.

If this matter cannot be resolved by stipulation, the Department will be compelled to commence an administrative enforcement action to seek full penalties. If you have any questions on this, you or your attorney may contact me at (518) 474-4283. Thank you for your attention to this matter.

Sincerely,



Eric J. Mantey, Senior Attorney
Bureau of Administrative Hearings

cc: Valerie Deetz
Dorothy Persico
Ms. Hasan

Christina Mastrianni, Deputy Commissioner
Warren County Department of Social Services
1340 State Route 9
Lake George, New York
12845

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Existing Contract

DEPARTMENT NAME: Social Services

DATE: 03/19/19

ATTACHMENT #5

- (a) Purpose of Contract Change:
To Renew the agreement with Jennifer Linehan, Registered Dietician, to provide services for Countryside Adult Home, for the term commencing March 2, 2019 and terminating March 1, 2020, for a total contract amount not to exceed \$3,840.00.
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract:
Resolution No. 239 2018
- (c) Name of Contractor:
Jennifer Linehan
- (d) Address of Contractor: 
- (e) Contractor's Contact Person and Telephone Number:
- (f) Commencement Date of Extension: **March 2, 2019**
- (g) Termination Date of Extension: **March 1, 2020**
- (h) Payment Provisions: i) lump sum amount
ii) hourly rate amount
iii) total amount not to exceed **\$3,840.00**
iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (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:

Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx

*as listed in budget and LOGOS

THIS AGREEMENT (hereinafter referred to as the "Agreement"), made by and between the COUNTY OF WARREN, a municipal corporation and political subdivision established under the Laws of the State of New York, having its principal offices and place of business located at the Warren County Municipal Center with a mailing address of 1340 State Route 9, Lake George, New York 12845, (the "County"), and

JENNIFER LINEHAN, REGISTERED DIETICIAN, [REDACTED]

[REDACTED], (the "Dietary Consultant").

WITNESSETH, that the parties hereto mutually agree as follows:

1. The County hereby employs and the Dietary Consultant hereby accepts employment as a private practitioner Dietary Consultant at the Countryside Adult Home in Warrensburg, New York for a term commencing March 2, 2018 and terminating March 1, 2019, at a maximum of eight (8) hours average per month, for a rate of Forty Dollars (\$40) per hour, for a total contract amount not to exceed Three Thousand Eight Hundred Forty Dollars (\$3,840) annually.

2. The Dietary Consultant shall comply with all of the provisions of Schedule "A" annexed hereto and made a part hereof.

3. It is understood that the Dietary Consultant is qualified to provide these services in New York State and agrees to maintain all necessary licenses or registrations during the term of this agreement. Upon request, the Dietary Consultant agrees to provide the County with copies of professional licenses, registrations and verification of qualifications.

4. It is mutually agreed that these services shall be available to all patients, without regard to race, creed, color, national origin or sex.

5. It is further mutually agreed that this agreement may be terminated by either party giving thirty (30) days notice in writing.

6. Notwithstanding any other provisions in this agreement, the facility remains responsible for insuring that any services provided pursuant to this agreement comply with all pertinent provisions of federal, state and local statutes, rules and regulations.

7. This agreement constitutes the full understanding of the parties and may not be changed or amended except by further written agreement. This agreement may be executed by each

party signing or executing multiple copies thereof, or separate copies thereof, so long as the same are identical and each party executes at least one copy. All copies of this Agreement executed by the parties shall be considered one and the same agreement so long as at least one (1) copy of the agreement is executed by each party.

8. The Dietician shall maintain professional liability insurance, for the entire term of this agreement, in the amount of \$1,000,000 per occurrence, \$3,000,000 aggregate, covering all acts performed by the Dietician pursuant to this Agreement and shall deliver a certificate of insurance evidencing such coverage to the County Attorney's Office.

9. In the event that this agreement should be for a term beyond the current fiscal year, it is understood by and between the parties hereto that this agreement shall be deemed executory for such period and the County shall have no liability on account of this agreement beyond funds appropriated and made available for the agreement in each fiscal year.

10. No assignment of this agreement may occur without consent of the County and the County shall not be deemed obligated to this agreement until such time as a resolution has been adopted by the Board of Supervisors and this agreement has been signed by the Chairman of the Board of Supervisors for the County.

11. The Dietary Consultant, in accordance with her status of independent contractor, covenants and agrees that she will conduct herself consistent with such status, that she will neither hold herself out as nor claim to be an officer or employee of the County of Warren, and will not make any claim, demand, or application to or for any right or privilege applicable to an officer or employee of the County of Warren, including, but not limited to, Workers' Compensation coverage, unemployment benefits, social security coverage or employee retirement membership or credit.

12. The Dietary Consultant represents that the work under this agreement does not involve the employment of employees. If the Dietary Consultant shall employ employees, this agreement shall be void and of no effect unless throughout the life of the agreement, the Dietary Consultant shall secure compensation insurance and disability insurance, if and as may be necessary, for the benefit of such employees engaged under this agreement as they are by law required to be insured by provisions of the Workers' Compensation Law. In addition, the Dietary Consultant

agrees to provide the County with evidence of professional liability insurance.

13. The County retains the right to contract with other independent contractors for services the same as or similar to those provided by the Dietary Consultant, or to provide such services to its patients through its employees. The Dietary Consultant retains the right to provide services directly or indirectly through contract with another agency to persons who are not patients of the County.

14. To the fullest extent permitted by law, the Dietary Consultant shall indemnify, hold harmless and defend Warren County, its boards, officers, employees and volunteers against any and all losses, claims, actions, demands, damages, liabilities, or expenses, including but not limited to attorney's fees and all other costs of defense, by reason of the liability imposed by law or otherwise upon Warren County, its boards, officers, employees and volunteers for damages because of bodily injuries, including death, at any time resulting therefrom, sustained by any person or persons, from the performance of the Dietary Consultant's work or from any of the acts or omissions on the part of the Dietary Consultant. If such indemnity is made void or otherwise impaired by any law controlling the construction thereof, such indemnity shall be deemed to conform to the indemnity permitted by law, so as to require indemnification, in whole or in part, to the fullest extent permitted by law. Warren County and the Dietary Consultant shall notify each other in writing within thirty (30) days of any such claims or demands and shall cooperate in the defense of any such actions.

15. It is understood and agreed between the parties that for the purposes of legal actions and/or proceeding, New York Law should be the governing law.

16. In the event that any provision of this Agreement shall be determined by a Court of law to be illegal and/or unenforceable, the agreement, to the extent the Courts have determined practical shall continue in full force and effect between the parties as if the said illegal or unenforceable provisions were not contained a part thereof.

IN WITNESS WHEREOF, this agreement has been executed by the duly authorized officers of the respective parties.

Approved as to Form:

Mary Ellen Kavin
Warren County Attorney

COUNTY OF WARREN
BY: [Signature]
RONALD R. CONOVER, CHAIRMAN
Board of Supervisors

Date 7-5-18

JENNIFER LINEHAN, REGISTERED
DIETICIAN

BY: [Signature]
Jennifer Linehan

Date 7-12-18

SCHEDULE "A"

GUIDELINES FOR PART-TIME CONSULTING DIETICIAN

1. Analysis of the food intake of residents and recommendation to the Superintendent based on evident need for changes in the menu pattern.
2. Review of the food budget with the Superintendent.
3. Consideration of the psycho-social needs of the patients as these affect food consumption.
4. Routine evaluation of menus planned by a food service supervisor or cook manager. Instruction and assistance with the planning may be necessary.
5. Development of a system for planning modified diets, including adjustments for individual patients.
6. Implementation of the use of a diet manual which meets the needs of the specific facility.
7. Consideration of the frequency of meals (at least three (3) meals with not more than a fourteen (14) hour span between a substantial evening meal and breakfast).
8. Consideration of the availability of between-meal or bedtime snacks of nourishing quality if a three (3) meal plan is used. Consideration of the nutritional value (for the day) if a four (4) or five (5) meal plan is used.
9. Recommendation of a plan for recording and filing menus (to be kept at least one (1) year), if such a plan is not already in effect.
10. Consultation with the Superintendent or cook manager about a satisfactory pattern for ordering.
11. Observation of food production and service procedures.
12. Evaluation of food as to acceptability, taste, appearance, temperature and size of servings.
13. Consultation with food service personnel, making suggestions as to how recipe standardization may be achieved. Demonstration and group discussion may be utilized to promote change.
14. Evaluation of sanitation and safety of food handling procedures.
15. Provision of information and assistance in establishing corrective measures in safe and sanitary practices. Instruction of food service personnel in group sessions, using discussion, visual aids and pertinent literature.
16. Evaluation of the adequacy of staffing to provide the food and service required and to cover the department for a period of eight (8) hours or longer.
17. Encouragement and assistance with the rewriting of work, schedules and in determining number of employees required; making recommendations to the Superintendent.
18. If work assignments are not posted, advising the food service supervisor or cook manager of the need for doing so.

19. Evaluation of the adequacy and use of equipment to provide the food and service required. If additional equipment is needed, determining specific needs and informing the Superintendent.
20. Discussion with residents as to appetite, food habits, enjoyment of meals and the menu pattern.
21. Counseling residents and their families when special dietary needs indicate that explanations or instructions are needed.
22. Discussion with family members concerning food served to residents and food gifts brought to them.
23. Establishment of a close working relationship with the Superintendent so that food service will be coordinated effectively with the general management of the facility.
24. Frequent communication with other key personnel providing services in the facility to promote coordination of dietary care with total patient care.
25. Establishment of close working relationships with food service personnel.
26. Development of a practical plan for in-service training for food service personnel. The program should be "paced" to the possibilities for acceptance and understanding.
27. In-service training sessions may be less frequent and scheduling may be more difficult. This is, however, one of the most effective tools of the consultant.

MEMORANDUM OF INSURANCE Date Issued 06/24/2018

Producer
 Mercer Consumer, a service of
 Mercer Health & Benefits Administration LLC
 P.O. Box 14576
 Des Moines IA 50306-3576
 1-800-503-9230

This memorandum is issued as a matter of information only and confers no rights upon the holder. This memorandum does not amend, extend or alter the coverages afforded by the Certificate listed below.

Insured

 Jennifer Linehan
 [REDACTED]
 [REDACTED] NY [REDACTED]

Company Affording Coverage
 Liberty Insurance Underwriters Inc

This is to certify that the Certificate listed below has been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this memorandum may be issued or may pertain, the insurance afforded by the Certificate described herein is subject to all the terms, exclusions and conditions of such Certificate. The limits shown may have been reduced by paid claims.
 The Memorandum of Insurance and verification of payment are your evidence of coverage. No coverage is afforded unless the premium is successfully paid in full.

Type of Insurance	Certificate Number	Effective Date	Expiration Date	Limits	
Professional Liability Dietitn Nutr SE Dietitian	AHY-917296001	06/24/2018	06/24/2019	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000
General Liability	AHY-917296001	06/24/2018	06/24/2019	Per Incident/ Occurrence	\$1,000,000
				Annual Aggregate	\$3,000,000

Coverage includes General Liability occurrences at Countryside 353 Schroon River Rd Warrenburg, NY 12885 but only as respects to claims arising out of the sole negligence of the Persons Insured under the provisions of this policy.

Memorandum Holder:

Should the above describe Certificate be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the Memorandum Holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative
 Mark Brostowitz

Mark A. Brostowitz

Warren County Board of Supervisors

RESOLUTION NO. 239 OF 2018

RESOLUTION INTRODUCED BY SUPERVISORS FRASIER, McDEVITT, BRAYMER, LEGGETT, LOEB, DIAMOND, HYDE, MAGOWAN AND SOKOL

AUTHORIZING AGREEMENT WITH JENNIFER LINEHAN, REGISTERED DIETICIAN, FOR DIETARY CONSULTANT SERVICES FOR COUNTRYSIDE ADULT HOME

RESOLVED, that Warren County enter into an agreement with Jennifer Linehan, Registered Dietician, for Dietary Consultant Services for the Countryside Adult Home, for a term commencing March 1, 2018 and terminating March 1, 2019, and the Chairman of the Board of Supervisors be, and hereby is, authorized to execute an agreement in a form approved by the County Attorney, with the source of funding to be Budget Code A.6030 470 Countryside Adult Home, Contract, and for the amount set forth below:

<u>NAME/ADDRESS</u>	<u>RATE/NUMBER OF HOURS</u>	<u>ANNUAL TOTAL AMOUNT NOT TO EXCEED</u>
Jennifer Linehan, R.D. 196 Circular Street Saratoga Springs, NY 12866	\$40/hour - maximum of 8 hours average per month	\$3,840.00

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: 03/19/19

- (a) Name of Appointee: **Josh Patchett**
- (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
Town of Hague Youth Programs
- (e) Address of Appointee: **[REDACTED], Hague, NY 12836**
- (f) Title of Appointment:
Warren County Youth Board Member
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

Town of Hague

Community Center • 9793 Graphite Mountain Road • P.O. Box 509 • Hague, NY 12836

RESOLUTION #90 OF 2018 Warren County Youth Board Appointment

Resolution introduced by M. Fitzgerald II, and seconded by S. Ramant.

RESOLVED, that the board appoint Josh Patchett to Warren County Youth Board.

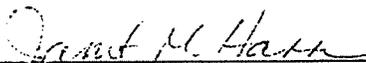
Duly adopted by the following vote:

Ayes: Supv. Frasier, S. Ramant, J. Patchett, M. Fitzgerald II

Nays: None

Carried: 4-0

DATED: August 14, 2018



JANET M. HANNA, Town Clerk

For 11/1/19 - 12/31/19

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: 03/22/19

- (a) Name of Appointee: **Susan Shepler**
- (b) Is this a Reappointment? **Yes** If so, please provide the Resolution No. which authorized the last appointment of this individual **CA 08 2018**
- (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 Thurman
- (e) Address of Appointee: **[REDACTED]**
- (f) Title of Appointment:
Warren County Youth Board Member
- (g) Effective Date of Appointment:
01/01/19
- (h) Termination Date of Appointment:
12/31/19
- (i) Name of Person Being Replaced (if applicable):
- (j) Reason for Replacement:

Town of Thurman

RESOLUTION #22 of 2019

Introduced By: Supervisor Hyde

Seconded By: Councilwoman Harris

Councilman Douglas Needham yea nay

Councilwoman Brenda Ackley yea nay

Councilwoman Gail Seaman yea nay

Councilwoman Joan Harris ~~yea~~ ~~nay~~ Abstained

Supervisor Cynthia Hyde yea nay

RESOLUTION TO APPROVE APPOINTMENT

The town board of the town of Thurman appoints Susan Shepler to represent the Town of Thurman on the Warren County Youth Board for the 2019 year.

STATE OF NEW YORK)

)SS:

COUNTY OF WARREN)

I, Susan E. Staples, Town Clerk of the Town of Thurman of the County of Warren, do hereby certify that the foregoing is a true and correct copy and the whole thereof, of a Resolution duly adopted by the Town Board of the Town of Thurman of the County of Warren, on the 13th day of February, 2019.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Town of Thurman this 21st day of February, 2019.



Susan E. Staples

Clerk of the Town of Thurman

County of Warren

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR FEBRUARY 2019

FUND(S): A

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

EXPENSES	2019 BUDGETED	FEB 2019 EXP	FEB 2018 EXP	2019 YTD ACTUAL	2018 Prior Year Totals
110 Salaries - Regular	\$6,581,907.00	\$450,466.15	\$491,836.69	\$450,466.15	\$6,037,534.79
120 Salaries - Overtime	\$75,222.00	\$11,269.75	\$8,192.01	\$11,269.75	\$110,463.65
130 Salaries - Part Time	\$255,907.00	\$21,088.01	\$19,656.86	\$21,088.01	\$222,771.07
100's PERSONAL SERVICES Total	\$6,913,036.00	\$482,823.91	\$519,685.56	\$482,823.91	\$6,370,769.51
200's EQUIPMENT	\$23,000.00	\$2,177.99	\$422.94	\$2,177.99	\$77,356.64
400's CONTRACTUAL	\$22,863,554.00	\$1,476,173.17	\$1,548,228.12	\$1,476,173.17	\$20,493,598.42
800's EMPLOYEE BENEFITS	\$3,682,346.00	\$252,699.57	\$268,194.46	\$252,699.57	\$3,424,900.45
TOTALS	\$33,481,936.00	\$2,213,874.64	\$2,336,531.08	\$2,213,874.64	\$30,366,625.02

REVENUES	2019 BUDGETED	FEB 2019 REVENUE	FEB2018 REVENUE	2019 YTD ACTUAL	2018 Prior Year Totals
	\$16,212,757.00	\$140,953.90	\$54,446.89	\$148,102.30	\$15,807,849.00

ATTACHMENT #7

BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2018

FUND(S): A

CODE(S): 6010, 6030, 6050, 6055, 6070, 6100, 6109, 6119, 6140, 6141, 6142, 7311, 7312, 7313

EXPENSES	2018 BUDGETED	2018 YTD ACTUAL	2017 Prior Year Totals
110 Salaries - Regular	\$6,387,306.00	\$6,037,534.79	\$5,646,646.99
120 Salaries - Overtime	\$75,222.00	\$110,463.65	\$95,765.37
130 Salaries - Part Time	\$187,670.00	\$222,771.07	\$245,592.12
100's PERSONAL SERVICES Total	\$6,650,198.00	\$6,370,769.51	\$5,988,004.48
200's EQUIPMENT	\$18,100.00	\$97,963.54	\$76,784.99
400's CONTRACTUAL	\$22,630,276.00	\$21,453,029.11	\$21,922,296.30
800's EMPLOYEE BENEFITS	\$3,657,050.00	\$3,386,697.74	\$3,408,362.43
TOTALS	\$32,955,624.00	\$31,308,459.90	\$31,395,448.20

\$1,647,164.10

REVENUES	2018 BUDGETED	2018 YTD ACTUAL	2017 Prior Year Totals
	\$15,860,999.00	\$15,807,849.00	\$16,465,960.44

\$53,150.00

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	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 6010 - Social Services										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	5,615,586.00	(45,000.00)	5,570,586.00	618,711.76	.00	5,310,005.74	260,580.26	95	4,970,550.42
120	Salaries - Overtime	49,222.00	25,000.00	74,222.00	6,236.51	.00	77,907.33	(3,685.33)	105	63,996.46
130	Salaries - Part Time	44,397.00	20,000.00	64,397.00	11,299.62	.00	69,766.47	(5,369.47)	108	70,605.99
	<i>Personal Services Totals</i>	\$5,709,205.00	\$0.00	\$5,709,205.00	\$636,247.89	\$0.00	\$5,457,679.54	\$251,525.46	96%	\$5,105,152.87
<i>Equipment</i>										
210	Furniture/Furnishings	2,000.00	5,673.80	7,673.80	.00	.00	6,675.18	998.62	87	3,669.97
220	Office Equipment	3,000.00	41,175.00	44,175.00	477.79	.00	36,269.04	7,905.96	82	15,633.50
220.1	Office Equipment - Reserve	.00	.00	.00	.00	.00	.00	.00	+++	15,971.18
	220 - Totals	\$3,000.00	\$41,175.00	\$44,175.00	\$477.79	\$0.00	\$36,269.04	\$7,905.96	82%	\$31,604.68
230	Automotive Equipment - Reserve	.00	16,341.00	16,341.00	.00	.00	16,341.00	.00	100	.00
	230 - Totals	\$0.00	\$16,341.00	\$16,341.00	\$0.00	\$0.00	\$16,341.00	\$0.00	100%	\$0.00
	<i>Equipment Totals</i>	\$5,000.00	\$63,189.80	\$68,189.80	\$477.79	\$0.00	\$59,285.22	\$8,904.58	87%	\$35,274.65
<i>Contractual Expense</i>										
410	Supplies	58,000.00	477.60	58,477.60	3,179.22	.00	45,526.76	12,950.84	78	46,513.03
411	Rent-Building/Property	564,547.00	.00	564,547.00	47,045.58	.00	564,546.94	.06	100	564,546.94
418	Ins-General Liability	37,148.00	.00	37,148.00	.00	.00	29,492.81	7,655.19	79	35,876.24
423	Telephone	20,852.00	(1,500.00)	19,352.00	1,460.67	.00	18,183.35	1,168.65	94	19,286.51
424	Postage	31,000.00	.00	31,000.00	2,741.45	.00	28,761.98	2,238.02	93	27,675.68
426	Subscriptions	500.00	.00	500.00	.00	.00	471.46	28.54	94	499.36
427	Memberships & Dues	5,000.00	.00	5,000.00	.00	.00	4,679.00	321.00	94	4,918.00
428	Data Processing & Internet Fees	9,000.00	(1,000.00)	8,000.00	466.00	.00	3,858.00	4,142.00	48	9,555.00
432	Special Project Supply	95,000.00	.00	95,000.00	92,771.00	.00	95,000.00	.00	100	95,000.00
435	Medical Fees	500.00	.00	500.00	304.89	.00	(158.99)	658.99	-32	(377.42)
436	Advertising Fees	500.00	.00	500.00	.00	.00	32.76	467.24	7	234.04
439	Misc Fees & Expenses	5,000.00	1,500.00	6,500.00	560.88	.00	6,505.51	(5.51)	100	3,978.18
440	Legal/Transcript Fees	15,000.00	1,500.00	16,500.00	12,460.00	.00	16,853.19	(353.19)	102	15,159.56
441	Auto-Supplies & Repair	10,000.00	.00	10,000.00	658.46	.00	6,517.80	3,482.20	65	5,764.68
442	Automotive - Gas & Oil	8,000.00	.00	8,000.00	532.49	.00	7,186.15	813.85	90	6,120.13
444	Travel/Education/Conference	17,000.00	.00	17,000.00	799.47	.00	7,621.73	9,378.27	45	10,806.33
469	Other Payments/Contributions	3,000.00	1,000.00	4,000.00	.00	.00	2,000.00	2,000.00	50	500.00
470	Contract	332,000.00	4,500.00	336,500.00	47,757.65	.00	277,714.66	58,785.34	83	291,182.96
	<i>Contractual Expense Totals</i>	\$1,212,047.00	\$6,477.60	\$1,218,524.60	\$210,737.76	\$0.00	\$1,114,793.11	\$103,731.49	91%	\$1,137,239.22
<i>Employee Benefits</i>										
310	Retirement	754,006.00	.00	754,006.00	35,049.77	.00	675,154.97	78,851.03	90	656,787.21
330	Social Security	353,966.00	.00	353,966.00	36,637.49	.00	314,805.78	39,160.22	89	295,975.28

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	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 6010 - Social Services										
EXPENSE										
<i>Employee Benefits</i>										
831	Medicare Contribution	82,778.00	.00	82,778.00	8,568.46	.00	73,623.84	9,154.16	89	69,219.98
860	Hospitalization	1,451,987.00	(21,192.01)	1,430,794.99	113,765.13	.00	1,324,349.29	106,445.70	93	1,413,575.93
865	Dental Insurance	23,688.00	.00	23,688.00	1,761.61	.00	22,243.94	1,444.06	94	22,186.00
<i>Employee Benefits Totals</i>		\$2,666,425.00	(\$21,192.01)	\$2,645,232.99	\$195,782.46	\$0.00	\$2,410,177.82	\$235,055.17	91%	\$2,457,744.40
<i>Other Benefits</i>										
840	Workmen's Compensation	42,076.00	.00	42,076.00	.00	.00	42,075.04	.96	100	50,657.67
850	Unemployment Insurance	10,000.00	(1,000.00)	9,000.00	.00	.00	4,218.00	4,782.00	47	4,109.06
855	Disability	6,000.00	.00	6,000.00	152.65	.00	2,372.38	3,627.62	40	3,255.41
861	Retirees Hospitalization	397,093.00	21,192.01	418,285.01	35,141.72	.00	418,285.01	.00	100	384,773.25
862	Health Insurance Cost Reimbursement	3,000.00	1,000.00	4,000.00	58.12	.00	3,710.19	289.81	93	2,270.54
<i>Other Benefits Totals</i>		\$458,169.00	\$21,192.01	\$479,361.01	\$35,352.49	\$0.00	\$470,660.62	\$8,700.39	98%	\$445,065.93
EXPENSE TOTALS		\$10,050,846.00	\$69,667.40	\$10,120,513.40	\$1,078,598.39	\$0.00	\$9,512,596.31	\$607,917.09	94%	\$9,180,477.07
Department 6010 - Social Services Totals		(\$10,050,846.00)	(\$69,667.40)	(\$10,120,513.40)	(\$1,078,598.39)	\$0.00	(\$9,512,596.31)	(\$607,917.09)	94%	(\$9,180,477.07)
Department 6030 - Countryside Adult Home										
EXPENSE										
<i>Personal Services</i>										
110	Salaries - Regular	771,720.00	.00	771,720.00	67,553.60	.00	727,529.05	44,190.95	94	676,096.57
120	Salaries - Overtime	26,000.00	.00	26,000.00	3,720.89	.00	32,556.32	(6,556.32)	125	31,768.91
130	Salaries - Part Time	143,273.00	.00	143,273.00	16,361.53	.00	153,004.60	(9,731.60)	107	174,986.13
<i>Personal Services Totals</i>		\$940,993.00	\$0.00	\$940,993.00	\$87,636.02	\$0.00	\$913,089.97	\$27,903.03	97%	\$882,851.61
<i>Equipment</i>										
210	Furniture/Furnishings	3,000.00	(276.00)	2,724.00	.00	.00	671.82	2,052.18	25	341.49
220	Office Equipment	.00	49.00	49.00	.00	.00	48.82	.18	100	.00
230										
230.1	Automotive Equipment - Reserve	.00	32,000.00	32,000.00	31,989.00	.00	31,989.00	11.00	100	21,371.00
230 - Totals		\$0.00	\$32,000.00	\$32,000.00	\$31,989.00	\$0.00	\$31,989.00	\$11.00	100%	\$21,371.00
260	Other Equipment	10,000.00	(49.00)	9,951.00	.00	.00	5,592.88	4,358.12	56	19,785.89
270	Lawn & Landscaping	100.00	276.00	376.00	.00	.00	375.80	.20	100	11.96
<i>Equipment Totals</i>		\$13,100.00	\$32,000.00	\$45,100.00	\$31,989.00	\$0.00	\$38,678.32	\$6,421.68	86%	\$41,510.34
<i>Contractual Expense</i>										
410	Supplies	33,000.00	4,000.00	37,000.00	4,198.33	.00	30,181.63	6,818.37	82	27,402.64
413	Repair & Maint.-Bldg/Property	30,000.00	.00	30,000.00	2,198.40	.00	21,651.13	8,348.87	72	15,868.77
415	Electricity	30,000.00	(4,420.00)	25,580.00	3,631.79	.00	23,628.32	1,951.68	92	22,917.83
416	Oil & Gas-Heating	40,000.00	(5,520.00)	34,480.00	5,086.18	.00	26,030.62	8,449.38	75	19,163.13
418	Ins-General Liability	10,000.00	.00	10,000.00	50.00	.00	8,216.51	1,783.49	82	9,403.85
422	Repair/Maint-Equipment	1,000.00	9,408.00	10,408.00	.00	.00	9,421.58	986.42	91	200.00
423	Telephone	3,000.00	.00	3,000.00	343.04	.00	2,212.83	787.17	74	1,958.17

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	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 6030 - Countryside Adult Home										
EXPENSE										
<i>Contractual Expense</i>										
424	Postage	700.00	.00	700.00	31.06	.00	160.13	539.87	23	147.84
426	Subscriptions	300.00	381.26	681.26	.00	.00	681.26	.00	100	303.73
428	Data Processing & Internet Fees	1,250.00	729.00	1,979.00	167.37	.00	1,936.21	42.79	98	1,140.94
432	Special Project Supply	1,000.00	(528.63)	471.37	.00	.00	.00	471.37	0	.00
434	Allowances	19,000.00	(3,729.00)	15,271.00	1,150.00	.00	14,750.00	521.00	97	14,050.00
435	Medical Fees	3,000.00	.00	3,000.00	530.00	.00	1,735.00	1,265.00	58	1,801.00
436	Advertising Fees	1,000.00	(303.00)	697.00	.00	.00	.00	697.00	0	.00
437	Consulting Fees	18,000.00	160.00	18,160.00	2,746.72	.00	17,320.32	839.68	95	16,046.26
439	Misc Fees & Expenses	1,000.00	.00	1,000.00	75.00	.00	707.00	293.00	71	809.00
440	Legal/Transcript Fees	500.00	(75.00)	425.00	.00	.00	.00	425.00	0	220.00
441	Auto-Supplies & Repair	2,000.00	.00	2,000.00	214.06	.00	1,484.67	515.33	74	2,860.67
442	Automotive - Gas & Oil	1,500.00	1,020.00	2,520.00	203.43	.00	2,246.34	273.66	89	1,545.29
444	Travel/Education/Conference	1,000.00	2,864.00	3,864.00	.00	.00	3,845.34	18.66	100	.00
445	Foods	120,000.00	3,000.00	123,000.00	12,398.38	.00	111,612.04	11,387.96	91	102,054.93
451	Medical Supply Expense	4,000.00	481.00	4,481.00	649.70	.00	2,826.71	1,654.29	63	2,207.32
453	Uniforms & Clothing	.00	119.00	119.00	.00	.00	118.48	.52	100	113.48
470	Contract	80,500.00	(7,586.63)	72,913.37	.00	.00	33,469.68	39,443.69	46	41,926.68
<i>Contractual Expense Totals</i>		\$401,750.00	\$0.00	\$401,750.00	\$33,673.46	\$0.00	\$314,235.80	\$87,514.20	78%	\$282,141.53
<i>Employee Benefits</i>										
810	Retirement	111,750.00	.00	111,750.00	2,324.19	.00	101,969.27	9,780.73	91	97,140.11
830	Social Security	58,343.00	.00	58,343.00	5,039.27	.00	53,331.51	5,011.49	91	51,677.41
831	Medicare Contribution	13,643.00	.00	13,643.00	1,178.61	.00	12,472.76	1,170.24	91	12,085.82
860	Hospitalization	208,723.00	(680.07)	208,042.93	16,508.67	.00	201,075.58	6,967.35	97	217,450.13
865	Dental Insurance	3,480.00	500.00	3,980.00	289.68	.00	3,770.45	209.55	95	3,644.00
<i>Employee Benefits Totals</i>		\$395,939.00	(\$180.07)	\$395,758.93	\$25,340.42	\$0.00	\$372,619.57	\$23,139.36	94%	\$381,997.47
<i>Other Benefits</i>										
840	Workmen's Compensation	11,360.00	.00	11,360.00	.00	.00	11,359.94	.06	100	8,415.68
850	Unemployment Insurance	5,000.00	.00	5,000.00	1,593.00	.00	3,653.72	1,346.28	73	.00
855	Disability	4,000.00	(320.00)	3,680.00	166.52	.00	1,510.32	2,169.68	41	265.23
861	Retirees Hospitalization	102,327.00	148.11	102,475.11	8,658.65	.00	102,475.11	.00	100	100,803.12
862	Health Insurance Cost Reimbursement	.00	351.96	351.96	.00	.00	351.96	.00	100	.00
<i>Other Benefits Totals</i>		\$122,687.00	\$180.07	\$122,867.07	\$10,418.17	\$0.00	\$119,351.05	\$3,516.02	97%	\$109,484.03
EXPENSE TOTALS		\$1,874,469.00	\$32,000.00	\$1,906,469.00	\$189,057.07	\$0.00	\$1,757,974.71	\$148,494.29	92%	\$1,697,984.98
Department 6030 - Countryside Adult Home Totals		(\$1,874,469.00)	(\$32,000.00)	(\$1,906,469.00)	(\$189,057.07)	\$0.00	(\$1,757,974.71)	(\$148,494.29)	92%	(\$1,697,984.98)

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	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									
	EXPENSE									
	<i>Contractual Expense</i>									
469	Other Payments/Contributions	.00	30,000.00	30,000.00	.00	.00	19,589.69	10,410.31	65	1,196.00
470	Contract	30,000.00	(30,000.00)	.00	.00	.00	.00	.00	+++	.00
	<i>Contractual Expense Totals</i>	\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$19,589.69	\$10,410.31	65%	\$1,196.00
	EXPENSE TOTALS	\$30,000.00	\$0.00	\$30,000.00	\$0.00	\$0.00	\$19,589.69	\$10,410.31	65%	\$1,196.00
	Department 6050 - Public Facil. For Children Totals	(\$30,000.00)	\$0.00	(\$30,000.00)	\$0.00	\$0.00	(\$19,589.69)	(\$10,410.31)	65%	(\$1,196.00)
Department	6055 - Daycare									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	1,450,000.00	(500,000.00)	950,000.00	125,972.29	.00	868,090.17	81,909.83	91	1,098,603.95
	<i>Contractual Expense Totals</i>	\$1,450,000.00	(\$500,000.00)	\$950,000.00	\$125,972.29	\$0.00	\$868,090.17	\$81,909.83	91%	\$1,098,603.95
	EXPENSE TOTALS	\$1,450,000.00	(\$500,000.00)	\$950,000.00	\$125,972.29	\$0.00	\$868,090.17	\$81,909.83	91%	\$1,098,603.95
	Department 6055 - Daycare Totals	(\$1,450,000.00)	\$500,000.00	(\$950,000.00)	(\$125,972.29)	\$0.00	(\$868,090.17)	(\$81,909.83)	91%	(\$1,098,603.95)
Department	6070 - Services for Recipients									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	315,000.00	.00	315,000.00	32,238.91	.00	310,171.12	4,828.88	98	288,621.41
	<i>Contractual Expense Totals</i>	\$315,000.00	\$0.00	\$315,000.00	\$32,238.91	\$0.00	\$310,171.12	\$4,828.88	98%	\$288,621.41
	EXPENSE TOTALS	\$315,000.00	\$0.00	\$315,000.00	\$32,238.91	\$0.00	\$310,171.12	\$4,828.88	98%	\$288,621.41
	Department 6070 - Services for Recipients Totals	(\$315,000.00)	\$0.00	(\$315,000.00)	(\$32,238.91)	\$0.00	(\$310,171.12)	(\$4,828.88)	98%	(\$288,621.41)
Department	6100 - Medicaid									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	11,997,908.00	.00	11,997,908.00	906,160.00	.00	11,823,331.00	174,577.00	99	11,937,146.00
	<i>Contractual Expense Totals</i>	\$11,997,908.00	\$0.00	\$11,997,908.00	\$906,160.00	\$0.00	\$11,823,331.00	\$174,577.00	99%	\$11,937,146.00
	EXPENSE TOTALS	\$11,997,908.00	\$0.00	\$11,997,908.00	\$906,160.00	\$0.00	\$11,823,331.00	\$174,577.00	99%	\$11,937,146.00
	Department 6100 - Medicaid Totals	(\$11,997,908.00)	\$0.00	(\$11,997,908.00)	(\$906,160.00)	\$0.00	(\$11,823,331.00)	(\$174,577.00)	99%	(\$11,937,146.00)
Department	6101 - Medical Assistance									
	EXPENSE									
	<i>Contractual Expense</i>									
470	Contract	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	432.78
	<i>Contractual Expense Totals</i>	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$432.78
	EXPENSE TOTALS	\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$432.78
	Department 6101 - Medical Assistance Totals	(\$5,000.00)	\$0.00	(\$5,000.00)	\$0.00	\$0.00	\$0.00	(\$5,000.00)	0%	(\$432.78)
Department	6109 - Aid To Dependent Children									
	EXPENSE									
	<i>Contractual Expense</i>									

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	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										
EXPENSE										
Contractual Expense										
470	Contract	2,150,000.00	(150,000.00)	2,000,000.00	327,451.17	.00	1,786,430.92	213,569.08	89	1,795,360.18
Contractual Expense Totals		\$2,150,000.00	(\$150,000.00)	\$2,000,000.00	\$327,451.17	\$0.00	\$1,786,430.92	\$213,569.08	89%	\$1,795,360.18
EXPENSE TOTALS		\$2,150,000.00	(\$150,000.00)	\$2,000,000.00	\$327,451.17	\$0.00	\$1,786,430.92	\$213,569.08	89%	\$1,795,360.18
Department 6109 - Aid To Dependent Children Totals		(\$2,150,000.00)	\$150,000.00	(\$2,000,000.00)	(\$327,451.17)	\$0.00	(\$1,786,430.92)	(\$213,569.08)	89%	(\$1,795,360.18)
Department 6119 - Child Care										
EXPENSE										
Contractual Expense										
470	Contract	3,850,000.00	150,000.00	4,000,000.00	564,008.83	.00	3,468,085.50	531,914.50	87	3,792,706.85
Contractual Expense Totals		\$3,850,000.00	\$150,000.00	\$4,000,000.00	\$564,008.83	\$0.00	\$3,468,085.50	\$531,914.50	87%	\$3,792,706.85
EXPENSE TOTALS		\$3,850,000.00	\$150,000.00	\$4,000,000.00	\$564,008.83	\$0.00	\$3,468,085.50	\$531,914.50	87%	\$3,792,706.85
Department 6119 - Child Care Totals		(\$3,850,000.00)	(\$150,000.00)	(\$4,000,000.00)	(\$564,008.83)	\$0.00	(\$3,468,085.50)	(\$531,914.50)	87%	(\$3,792,706.85)
Department 6123 - Juvenile Delinquent Care										
EXPENSE										
Contractual Expense										
470	Contract	5,000.00	.00	5,000.00	.00	.00	.00	5,000.00	0	.00
Contractual Expense Totals		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$0.00
EXPENSE TOTALS		\$5,000.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$5,000.00	0%	\$0.00
Department 6123 - Juvenile Delinquent Care Totals		(\$5,000.00)	\$0.00	(\$5,000.00)	\$0.00	\$0.00	\$0.00	(\$5,000.00)	0%	\$0.00
Department 6129 - State Training School										
EXPENSE										
Contractual Expense										
470	Contract	.00	250,000.00	250,000.00	250,000.00	.00	250,000.00	.00	100	250,000.00
Contractual Expense Totals		\$0.00	\$250,000.00	\$250,000.00	\$250,000.00	\$0.00	\$250,000.00	\$0.00	100%	\$250,000.00
EXPENSE TOTALS		\$0.00	\$250,000.00	\$250,000.00	\$250,000.00	\$0.00	\$250,000.00	\$0.00	100%	\$250,000.00
Department 6129 - State Training School Totals		\$0.00	(\$250,000.00)	(\$250,000.00)	(\$250,000.00)	\$0.00	(\$250,000.00)	\$0.00	100%	(\$250,000.00)
Department 6140 - Home Relief										
EXPENSE										
Contractual Expense										
470	Contract	1,000,000.00	250,000.00	1,250,000.00	210,982.98	.00	1,315,553.82	(65,553.82)	105	1,147,787.82
Contractual Expense Totals		\$1,000,000.00	\$250,000.00	\$1,250,000.00	\$210,982.98	\$0.00	\$1,315,553.82	(\$65,553.82)	105%	\$1,147,787.82
EXPENSE TOTALS		\$1,000,000.00	\$250,000.00	\$1,250,000.00	\$210,982.98	\$0.00	\$1,315,553.82	(\$65,553.82)	105%	\$1,147,787.82
Department 6140 - Home Relief Totals		(\$1,000,000.00)	(\$250,000.00)	(\$1,250,000.00)	(\$210,982.98)	\$0.00	(\$1,315,553.82)	\$65,553.82	105%	(\$1,147,787.82)

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	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 6141 - Fuel Crisis Assistance										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	30,000.00	.00	30,000.00	17.11	.00	(1,799.64)	31,799.64	-6	21,413.04
<i>Contractual Expense Totals</i>		\$30,000.00	\$0.00	\$30,000.00	\$17.11	\$0.00	(\$1,799.64)	\$31,799.64	-6%	\$21,413.04
EXPENSE TOTALS		\$30,000.00	\$0.00	\$30,000.00	\$17.11	\$0.00	(\$1,799.64)	\$31,799.64	-6%	\$21,413.04
Department 6141 - Fuel Crisis Assistance Totals		(\$30,000.00)	\$0.00	(\$30,000.00)	(\$17.11)	\$0.00	\$1,799.64	(\$31,799.64)	-6%	(\$21,413.04)
Department 6142 - Emergency Aid For Adults										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	50,000.00	.00	50,000.00	2,515.36	.00	29,399.36	20,600.64	59	38,005.66
<i>Contractual Expense Totals</i>		\$50,000.00	\$0.00	\$50,000.00	\$2,515.36	\$0.00	\$29,399.36	\$20,600.64	59%	\$38,005.66
EXPENSE TOTALS		\$50,000.00	\$0.00	\$50,000.00	\$2,515.36	\$0.00	\$29,399.36	\$20,600.64	59%	\$38,005.66
Department 6142 - Emergency Aid For Adults Totals		(\$50,000.00)	\$0.00	(\$50,000.00)	(\$2,515.36)	\$0.00	(\$29,399.36)	(\$20,600.64)	59%	(\$38,005.66)
Department 7310 - Youth Program 4-H Camp										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	25,000.00	.00	25,000.00	.00	.00	25,000.00	.00	100	25,000.00
<i>Contractual Expense Totals</i>		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
EXPENSE TOTALS		\$25,000.00	\$0.00	\$25,000.00	\$0.00	\$0.00	\$25,000.00	\$0.00	100%	\$25,000.00
Department 7310 - Youth Program 4-H Camp Totals		(\$25,000.00)	\$0.00	(\$25,000.00)	\$0.00	\$0.00	(\$25,000.00)	\$0.00	100%	(\$25,000.00)
Department 7311 - Youth Bureau										
EXPENSE										
<i>Equipment</i>										
210	Furniture/Furnishings	.00	.00	.00	.00	.00	.00	.00	+++	146.00
220	Office Equipment	.00	.00	.00	.00	.00	.00	.00	+++	239.98
<i>Equipment Totals</i>		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	+++	\$385.98
<i>Contractual Expense</i>										
410	Supplies	76.00	.00	76.00	.00	.00	42.02	33.98	55	68.80
423	Telephone	50.00	.00	50.00	.00	.00	.00	50.00	0	.00
424	Postage	250.00	.00	250.00	.00	.00	.52	249.48	0	6.16
444	Travel/Education/Conference	100.00	.00	100.00	.00	.00	.00	100.00	0	.00
470	Contract	5,500.00	.00	5,500.00	160.00	.00	2,304.00	3,196.00	42	2,070.00
<i>Contractual Expense Totals</i>		\$5,976.00	\$0.00	\$5,976.00	\$160.00	\$0.00	\$2,346.54	\$3,629.46	39%	\$2,144.96
<i>Other Benefits</i>										
861	Retirees Hospitalization	13,830.00	58.68	13,888.68	1,210.74	.00	13,888.68	.00	100	14,070.60
<i>Other Benefits Totals</i>		\$13,830.00	\$58.68	\$13,888.68	\$1,210.74	\$0.00	\$13,888.68	\$0.00	100%	\$14,070.60
EXPENSE TOTALS		\$19,806.00	\$58.68	\$19,864.68	\$1,370.74	\$0.00	\$16,235.22	\$3,629.46	82%	\$16,601.54
Department 7311 - Youth Bureau Totals		(\$19,806.00)	(\$58.68)	(\$19,864.68)	(\$1,370.74)	\$0.00	(\$16,235.22)	(\$3,629.46)	82%	(\$16,601.54)

Expense Budget Performance Report

Fiscal Year to Date 12/31/18

Include Rollup Account and Rollup to Account

Account	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 7312 - Special Delinquency Prev.										
EXPENSE										
<i>Equipment</i>										
220	Office Equipment	.00	721.00	721.00	141.01	579.99	141.01	.00	100	.00
<i>Equipment Totals</i>		\$0.00	\$721.00	\$721.00	\$141.01	\$579.99	\$141.01	\$0.00	100%	\$0.00
<i>Contractual Expense</i>										
410	Supplies	200.00	3,792.96	3,992.96	.00	.00	3,914.75	78.21	98	328.94
424	Postage	40.00	58.67	98.67	1.06	.00	63.85	34.82	65	1.98
427	Memberships & Dues	275.00	.00	275.00	.00	.00	175.00	100.00	64	175.00
439	Misc Fees & Expenses	.00	583.00	583.00	500.00	.00	582.75	.25	100	.00
444	Travel/Education/Conference	.00	7,869.36	7,869.36	.00	.00	7,869.36	.00	100	.00
470	Contract	34,785.00	16,975.01	51,760.01	8,741.00	.00	47,760.00	4,000.01	92	34,785.00
<i>Contractual Expense Totals</i>		\$35,300.00	\$29,279.00	\$64,579.00	\$9,242.06	\$0.00	\$60,365.71	\$4,213.29	93%	\$35,290.92
EXPENSE TOTALS		\$35,300.00	\$30,000.00	\$65,300.00	\$9,383.07	\$579.99	\$60,506.72	\$4,213.29	94%	\$35,290.92
Department 7312 - Special Delinquency Prev. Totals		(\$35,300.00)	(\$30,000.00)	(\$65,300.00)	(\$9,383.07)	(\$579.99)	(\$60,506.72)	(\$4,213.29)	94%	(\$35,290.92)
Department 7313 - Youth Court										
EXPENSE										
<i>Contractual Expense</i>										
470	Contract	67,295.00	.00	67,295.00	12,304.37	.00	67,295.00	.00	100	68,820.00
<i>Contractual Expense Totals</i>		\$67,295.00	\$0.00	\$67,295.00	\$12,304.37	\$0.00	\$67,295.00	\$0.00	100%	\$68,820.00
EXPENSE TOTALS		\$67,295.00	\$0.00	\$67,295.00	\$12,304.37	\$0.00	\$67,295.00	\$0.00	100%	\$68,820.00
Department 7313 - Youth Court Totals		(\$67,295.00)	\$0.00	(\$67,295.00)	(\$12,304.37)	\$0.00	(\$67,295.00)	\$0.00	100%	(\$68,820.00)
Fund A - General Totals		\$32,955,624.00	\$131,726.08	\$33,087,350.08	\$3,710,060.29	\$579.99	\$31,308,459.90	\$1,778,310.19		\$31,395,448.20
Grand Totals		\$32,955,624.00	\$131,726.08	\$33,087,350.08	\$3,710,060.29	\$579.99	\$31,308,459.90	\$1,778,310.19		\$31,395,448.20

WARREN COUNTY Receipts by G/L Distribution Report - Summary

From Date: 01/01/2018 - To Date: 12/31/2018

G/L Account Number	G/L Date	Due To/From Fund Project	Transactions	Debit Amount	Credit Amount
Fund: A - General					
Account: 400.00 - State&Federal,Social Services					
	01/04/2018		3	\$0.00	\$911,310.00
	01/22/2018		1	\$0.00	\$213,287.00
	01/26/2018		1	\$0.00	\$228,649.00
	01/31/2018		2	\$0.00	\$564,747.00
	02/12/2018		1	\$0.00	\$28,940.00
	02/28/2018		8	\$0.00	\$684,302.33
	03/06/2018		1	\$0.00	\$221,820.00
	03/13/2018		1	\$0.00	\$13,607.00
	03/29/2018		1	\$0.00	\$455,862.00
	03/31/2018		4	\$0.00	\$237,001.00
	04/16/2018		1	\$0.00	\$99,334.00
	04/30/2018		2	\$0.00	\$609,018.00
	05/10/2018		1	\$0.00	\$19,289.00
	05/22/2018		1	\$0.00	\$28,341.00
	05/29/2018		1	\$0.00	\$59,891.00
	05/31/2018		2	\$0.00	\$651,632.00
	06/30/2018		2	\$0.00	\$700,355.00
	07/13/2018		5	\$0.00	\$393,016.00
	07/16/2018		1	\$0.00	\$25,230.00
	08/09/2018		4	\$0.00	\$968,490.00
	08/20/2018		3	\$0.00	\$86,793.00
	09/12/2018		4	\$0.00	\$791,686.03
	09/14/2018		3	\$0.00	\$378,006.25
	09/26/2018		2	\$0.00	\$147,749.00
	09/28/2018		2	\$0.00	\$415,447.00
	10/03/2018		2	\$0.00	\$798,346.00
	10/30/2018		1	\$0.00	\$332,629.00
	10/31/2018		2	\$0.00	\$1,055,279.00
	11/13/2018		1	\$0.00	\$200,300.00
	11/30/2018		3	\$0.00	\$681,254.00
	12/12/2018		1	\$0.00	\$57,548.00 ✓
	12/14/2018		1	\$0.00	\$104,687.00 ✓
	12/24/2018		1	\$0.00	\$269,720.00 ✓
	12/27/2018		1	\$0.00	\$600.00 ✓
Account Total: State&Federal,Social Services			70	\$0.00	\$12,434,165.61

Fund Total: General

Grand Total:

UNPOSTED state/Fed
 FED & State 70 \$0.00 \$12,434,165.61
 LOCAL 1579,946.00
1793737.39
TOTAL = 15,807,849

Rec'd
 NOT POSTED TO
 2018 yet.

009

1,579,946.00*

WARREN COUNTY
Receipts by G/L Distribution Report - Summary

From Date: 01/01/2018 - To Date: 12/31/2018

G/L Account Number	G/L Date	Due To/From Fund	Project	Transactions	Debit Amount	Credit Amount
Fund: A - General						
Department: 6010 - Social Services						
Account: 1810 - Administration						
	02/14/2018			2	\$0.00	\$1,083.50
	03/02/2018			2	\$0.00	\$2,500.00
	03/16/2018			2	\$0.00	\$847.06
	04/02/2018			1	\$0.00	\$1,310.00
	04/16/2018			2	\$0.00	\$1,346.66
	05/02/2018			1	\$0.00	\$1,250.00
	05/25/2018			2	\$0.00	\$486.84
	06/13/2018			2	\$0.00	\$695.41
	07/09/2018			1	\$0.00	\$10,000.00
	07/23/2018			2	\$0.00	\$463.48
	07/31/2018			1	\$0.00	\$15.00
	08/13/2018			2	\$0.00	\$435.72
	09/26/2018			2	\$0.00	\$509.01
	10/24/2018			1	\$0.00	\$358.20
	10/31/2018			1	\$0.00	\$4,200.00
	11/15/2018			1	\$0.00	\$8,325.03
	12/14/2018			1	\$0.00	\$7,983.52
Account Total: Administration				26	\$0.00	\$41,809.43
Account: 1811 - Medical Incentive Earning						
	02/14/2018			2	\$0.00	\$4,251.12
	03/06/2018			1	\$0.00	\$176.35
	03/16/2018			1	\$0.00	\$4,091.00
	04/06/2018			1	\$0.00	\$384.36
	04/16/2018			1	\$0.00	\$4,091.00
	05/08/2018			1	\$0.00	\$182.83
	05/25/2018			1	\$0.00	\$4,091.00
	06/06/2018			1	\$0.00	\$221.71

06/13/2018	1	\$0.00	\$4,091.00
07/11/2018	1	\$0.00	\$138.68
07/23/2018	1	\$0.00	\$4,091.00
08/07/2018	1	\$0.00	\$190.45
08/13/2018	1	\$0.00	\$2,268.14
09/11/2018	1	\$0.00	\$149.41
09/26/2018	1	\$0.00	\$4,091.00
09/28/2018	1	\$0.00	\$50.00
10/05/2018	1	\$0.00	\$96.30
10/24/2018	1	\$0.00	\$4,091.00
11/01/2018	1	\$0.00	\$50.00
11/08/2018	1	\$0.00	\$273.84
11/15/2018	1	\$0.00	\$4,056.00
12/04/2018	1	\$0.00	\$50.00
12/12/2018	1	\$0.00	\$206.25
12/14/2018	1	\$0.00	\$4,056.00
12/31/2018	1	\$0.00	\$50.00

Account Total: Medical Incentive Earning

26	\$0.00	\$45,488.44
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Department Total: Social Services

\$0.00	\$87,297.87
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Department: 6030 - Countryside Adult Home

Account: 1830 - Repay - Adult Care, Pub Inst

01/30/2018	1	\$0.00	\$13,007.90
02/28/2018	1	\$0.00	\$13,007.90
03/02/2018	2	\$0.00	\$79,163.56
04/02/2018	2	\$0.00	\$65,216.85
04/30/2018	1	\$0.00	\$13,007.90
05/02/2018	1	\$0.00	\$40,279.78
06/04/2018	2	\$0.00	\$56,053.01
07/03/2018	1	\$0.00	\$11,073.90
07/09/2018	1	\$0.00	\$43,815.31
07/31/2018	2	\$0.00	\$61,811.78
09/05/2018	2	\$0.00	\$48,714.88
09/28/2018	2	\$0.00	\$59,822.62
11/01/2018	2	\$0.00	\$58,760.04
12/04/2018	2	\$0.00	\$42,869.93
12/31/2018	2	\$0.00	\$63,073.46

Account Total: Repay - Adult Care, Pub Inst

24	\$0.00	\$669,678.82
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Department Total: Countryside Adult Home

\$0.00	\$669,678.82
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Department: 6055 - Daycare

Account: 1855 - Repayments of Day Care

03/02/2018	2	\$0.00	\$270.00	
04/02/2018	1	\$0.00	\$2,126.63	
05/02/2018	1	\$0.00	\$1,756.75	
06/04/2018	1	\$0.00	\$120.00	
07/09/2018	1	\$0.00	\$6,077.82	
09/28/2018	1	\$0.00	\$123.30	
11/01/2018	1	\$0.00	\$2,129.80	
12/31/2018	1	\$0.00	\$90.00	
Account Total: Repayments of Day Care		9	\$0.00	\$12,694.30

Department Total: Daycare

\$0.00	\$12,694.30
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Department: 6101 - Medical Assistance

Account: 1801 - Repay of Medical Assist

02/14/2018	1	\$0.00	\$5,041.50
03/02/2018	2	\$0.00	\$31,045.33
03/16/2018	1	\$0.00	\$3,846.09
04/02/2018	1	\$0.00	\$2,878.90
04/16/2018	1	\$0.00	\$8,167.69
05/02/2018	1	\$0.00	\$10,760.26
05/25/2018	1	\$0.00	\$9,104.61
06/04/2018	1	\$0.00	\$30,617.35
06/13/2018	1	\$0.00	\$6,273.18
07/09/2018	1	\$0.00	\$12,583.85
07/23/2018	1	\$0.00	\$4,275.63
07/31/2018	1	\$0.00	\$11,485.18
08/13/2018	1	\$0.00	\$4,560.38
09/05/2018	1	\$0.00	\$12,282.03
09/26/2018	1	\$0.00	\$5,902.57
09/28/2018	1	\$0.00	\$19,499.02
10/24/2018	1	\$0.00	\$4,581.50
11/01/2018	1	\$0.00	\$819.95
11/15/2018	1	\$0.00	\$4,057.73
12/04/2018	1	\$0.00	\$33,020.00
12/14/2018	1	\$0.00	\$5,140.22

12/31/2018	1	\$0.00	\$23,980.11
Account Total: Repay of Medical Assist	23	\$0.00	\$249,923.08
Department Total: Medical Assistance		\$0.00	\$249,923.08
Department: 6109 - Aid To Dependent Children			
Account: 1809 - Repay of Aid to A.D.C.			
02/14/2018	2	\$0.00	\$16,363.67
03/02/2018	2	\$0.00	\$1,489.02
03/16/2018	3	\$0.00	\$17,675.18
04/02/2018	1	\$0.00	\$2,263.80
04/16/2018	2	\$0.00	\$41,975.44
05/02/2018	1	\$0.00	\$54.62
05/25/2018	2	\$0.00	\$26,831.89
06/04/2018	1	\$0.00	\$269.65
06/13/2018	2	\$0.00	\$20,704.29
07/09/2018	1	\$0.00	\$131.02
07/23/2018	3	\$0.00	\$17,541.37
08/13/2018	2	\$0.00	\$36,235.14
09/05/2018	1	\$0.00	\$461.87
09/26/2018	2	\$0.00	\$8,844.39
09/28/2018	1	\$0.00	\$16.02
10/24/2018	2	\$0.00	\$14,667.08
11/01/2018	1	\$0.00	\$4,003.89
11/15/2018	2	\$0.00	\$9,975.25
12/04/2018	1	\$0.00	\$525.82
12/14/2018	3	\$0.00	\$16,918.02
12/31/2018	1	\$0.00	\$17.00
Account Total: Repay of Aid to A.D.C.	36	\$0.00	\$236,964.43
Department Total: Aid To Dependent Children		\$0.00	\$236,964.43
Department: 6119 - Child Care			
Account: 1819 - Repay of Child Care			
01/30/2018	1	\$0.00	\$2,466.00
02/14/2018	1	\$0.00	\$1,979.60
02/28/2018	1	\$0.00	\$2,466.00
03/16/2018	1	\$0.00	\$2,694.42
04/02/2018	1	\$0.00	\$2,466.00
04/16/2018	1	\$0.00	\$5,876.32

04/30/2018	1	\$0.00	\$2,466.00
05/02/2018	1	\$0.00	\$44,281.61
05/25/2018	1	\$0.00	\$3,528.65
06/04/2018	2	\$0.00	\$48,010.13
06/13/2018	1	\$0.00	\$3,076.92
07/03/2018	1	\$0.00	\$2,466.00
07/09/2018	1	\$0.00	\$82,426.50
07/23/2018	1	\$0.00	\$3,456.49
07/31/2018	2	\$0.00	\$82,398.67
08/13/2018	1	\$0.00	\$2,925.91
09/05/2018	2	\$0.00	\$40,605.92
09/26/2018	1	\$0.00	\$2,016.52
09/28/2018	2	\$0.00	\$10,445.15
10/24/2018	1	\$0.00	\$2,300.72
11/01/2018	2	\$0.00	\$25,540.73
11/15/2018	1	\$0.00	\$1,083.01
12/04/2018	2	\$0.00	\$2,910.00
12/14/2018	1	\$0.00	\$1,307.28
12/31/2018	2	\$0.00	\$8,424.00
		<hr/>	
		32	\$0.00
			<hr/>
			\$387,618.55

Account Total: Repay of Child Care

Department Total: Child Care

Department: 6140 - Home Relief

Account: 1840 - Repay of Home Relief

01/16/2018	1	\$0.00	\$1,728.00
02/14/2018	1	\$0.00	\$2,121.00
03/02/2018	2	\$0.00	\$13,033.20
03/05/2018	1	\$0.00	\$1,701.60
03/16/2018	1	\$0.00	\$1,717.43
04/02/2018	1	\$0.00	\$3,329.24
04/16/2018	1	\$0.00	\$3,195.02
04/23/2018	1	\$0.00	\$740.00
04/30/2018	1	\$0.00	\$6,715.04
05/02/2018	1	\$0.00	\$1,616.82
05/09/2018	1	\$0.00	\$980.00
05/10/2018	1	\$0.00	\$23.00
05/16/2018	3	\$0.00	\$2,445.40
05/25/2018	1	\$0.00	\$3,016.66

06/04/2018	1	\$0.00	\$6,630.41
06/13/2018	3	\$0.00	\$8,127.42
06/14/2018	1	\$0.00	\$8,823.50
07/09/2018	1	\$0.00	\$3,828.53
07/23/2018	1	\$0.00	\$1,666.93
07/30/2018	1	\$0.00	\$7,825.00
07/31/2018	1	\$0.00	\$6,058.14
08/13/2018	1	\$0.00	\$1,188.88
08/23/2018	1	\$0.00	\$9,332.00
08/24/2018	1	\$0.00	\$750.00
09/05/2018	1	\$0.00	\$103.37
09/13/2018	1	\$0.00	\$11,289.67
09/14/2018	3	\$0.00	\$151.00
09/26/2018	2	\$0.00	\$3,349.88
09/28/2018	1	\$0.00	\$3,119.31
10/03/2018	2	\$0.00	\$3,250.00
10/10/2018	3	\$0.00	\$261.00
10/11/2018	2	\$0.00	\$6,501.21
10/22/2018	7	\$0.00	\$161.00
10/24/2018	1	\$0.00	\$2,086.22
11/01/2018	1	\$0.00	\$999.32
11/06/2018	1	\$0.00	\$2,250.00
11/13/2018	1	\$0.00	\$69.00
11/15/2018	1	\$0.00	\$928.54
12/04/2018	1	\$0.00	\$4,846.75
12/07/2018	1	\$0.00	\$128.00
12/14/2018	1	\$0.00	\$1,817.96
12/20/2018	2	\$0.00	\$6,000.00
12/31/2018	2	\$0.00	\$5,654.89

Account Total: Repay of Home Relief

63 \$0.00 \$149,560.34

Department Total: Home Relief

\$0.00 \$149,560.34

Fund Total: General

\$0.00 \$1,793,737.39

Grand Total:

239 \$0.00 **\$1,793,737.39**

