

**REHABILITATION SERVICES PROVIDER FOR ADULTS WITH CHRONIC MENTAL ILLNESS
PROVIDER IDENTIFICATION PAGE**

PROVIDER NO. **Enter # As 00-00000**

AGENCY NAME **#N/A**

CITY **#N/A**

REPORT TYPE **Actual**

FYE **June 30, 2004**

<u>RATE REFLECTED</u>		<u>Billed</u>	<u>Unit Cost</u>
W0719	Community Living Skills Training Services	Hourly	\$ 0.00
W0721	Employment Related Services	Hourly	\$ 0.00
W0723	Day Program Services for Skills Training	Hourly	\$ 0.00
W0725	Day Program Services for Skills Development	Hourly	\$ 0.00

(If you bill "Daily" instead of "Hourly", type "Daily" over "Hourly" in the Billed column above and the Revenue Code will change)

AGENCY NAME: #N/A
 PROVIDER NO.: Enter # As 00-00000
 FYE: 06/30/04
 REPORT TYPE: Actual

SCHEDULE A - REVENUE REPORT

REVENUES :	<u>Total Revenue</u>	<u>Revenue for Schedule D Expense Deduction *</u>
Fee for Service :		
Iowa State Department of Human Services	\$ _____	
County Board of Supervisors	_____	
Private Clients	_____	
Department of Education (Voc Rehab)	_____	
(service fees only)	_____	
United Way (service fees only)	_____	
Social Security, SSI, SSA	_____	
Other	_____	
Service, Reimbursement of Investment Income :		
Work Services Revenue	\$ _____	\$ _____
Food Reimbursement (DOE)	_____	_____
Investment Income	_____	_____
_____	_____	_____
_____	_____	_____
Other (attach schedule)	_____	_____
Contributions : (schedule must be attached)		
United Way : Contributions not		
Restricted / Appropriated	\$ _____	\$ _____
Restricted / Appropriated		
Contributions **	_____	
Other : Contributions not		
Restricted / Appropriated	_____	_____
Restricted / Appropriated		
Contributions **	_____	
Government Grants :	_____	_____
TOTAL REVENUE	\$ 0	* \$ 0

* Income which must be deducted from total service expense on Schedule D.
 ** Agencies must have documentation or support which identifies purpose of contributions reported as restricted / appropriated.

SCHEDULE B - STAFF GROSS SALARIES AND STAFF NUMBERS

JOB CLASSIFICATIONS:	NUMBER OF STAFF			GROSS SALARIES AND WAGES
	Full Time	Part Time	FTE's	
ADMINISTRATIVE - NO. 2110 Title: _____ _____ _____ _____				
ADMINISTRATIVE TOTAL - NO. 2110	0	0	0.00	\$ 0
PROFESSIONAL - NO. 2120 Title: _____ _____ _____ _____				
PROFESSIONAL TOTAL - NO. 2120	0	0	0.00	\$ 0
DIRECT CLIENT CARE - NO. 2130 Title: _____ _____ _____ _____				
DIRECT CLIENT CARE TOTAL - NO. 2130	0	0	0.00	\$ 0
CLERICAL - NO. 2150 Title: _____ _____ _____ _____				
CLERICAL TOTAL - NO. 2150	0	0	0.00	\$ 0
OTHER STAFF - NO. 2190 Title: _____ _____ _____ _____				
OTHER STAFF TOTAL - NO. 2190	0	0	0.00	\$ 0
TOTAL SALARIES & STAFF NUMBERS	0	0	0.00	\$ 0

The maximum amount of wages chargeable to Purchase of Services for any one employee is \$40,000 annually. If an employee is paid in excess of \$40,000, the excess must be reported as "Other Nonreimbursable Costs" in column 3 of Schedule D or charged to Excluded Services (use separate column on Schedule D). **Adult Rehab Option services are exempt from this limitation**

AGENCY NAME: #N/A
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SCHEDULE C - DEPRECIATION AND AMORTIZATION EXPENSE

	ACCT NO. <small>(Schedule D)</small>	YEAR ACQUIRED	ORIGINAL COST	DEPREC. RECORDED PRIOR YEAR	DEPREC. METHOD	ANNUAL RATE	RECORDED DEPREC. EXPENSE
EQUIPMENT:							
BUILDING EQUIPMENT	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
DEPARTMENTAL EQUIPMENT	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
OTHER EQUIPMENT	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
OFFICE FURNITURE & FIXTURES	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
OTHER	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
SUBTOTAL EQUIPMENT	4420		\$ 0			To Schedule D, line 4420	\$ 0

	ACCT NO. (Schedule D)	YEAR ACQUIRED	ORIGINAL COST	DEPREC. RECORDED PRIOR YEAR	DEPREC. METHOD	ANNUAL RATE	RECORDED DEPREC. EXPENSE
MOTOR VEHICLES:	4410						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
SUBTOTAL VEHICLES	4410		\$ 0			To Schedule D, line 4410	\$ 0
TOTAL EQUIPMENT							

	ACCT NO. (Schedule D)	YEAR ACQUIRED	ORIGINAL COST	DEPREC. RECORDED PRIOR YEAR	DEPREC. METHOD	ANNUAL RATE	RECORDED DEPREC. EXPENSE
BUILDINGS:							
BUILDINGS	4480						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
ADDITIONS	4480						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
LEASEHOLD IMPROVEMENTS	4480						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
OTHER							
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
TOTAL BUILDINGS & LEASEHOLDS	4480		\$ 0			To Schedule D, line 4480	\$ 0

TOTAL EQUIPMENT & BUILDINGS	4400		\$ 0			To Schedule D, line 4400	\$ 0
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AGENCY NAME: #N/A

FYE: 06/30/04

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SCHEDULE D - EXPENSE REPORT

ADULT REHABILITATION SERVICES

NO.	ACCOUNT TITLE	Gross Total	Revenue Adjust	Excluded Costs	Adjusted Costs	Community	Employment	Day Prgm	Day Prgm	All	Indirect
						Living Skills	Related Services	Services For Skills Training	Services For Skills Develop	Other Programs	Service Costs
2110	Administrative	\$ 0			\$ 0						\$ 0
2120	Professional Staff - Direct	\$ 0			\$ 0						\$ 0
2130	Other - Direct	\$ 0			\$ 0						\$ 0
2150	Clerical	\$ 0			\$ 0						\$ 0
2190	Other Staff	\$ 0			\$ 0						\$ 0
2100	TOTAL SALARIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2210	Health Benefits				\$ 0						\$ 0
2220	Retirement Plan				\$ 0						\$ 0
2290	Other Benefits				\$ 0						\$ 0
2200	TOTAL BENEFITS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2310	FICA Expense				\$ 0						\$ 0
2320	Unemployment				\$ 0						\$ 0
2350	Workmen's Compensation				\$ 0						\$ 0
2300	TOTAL PAYROLL TAXES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2450	Medical & Psych Services Purchased				\$ 0						\$ 0
2470	Accounting and Auditing				\$ 0						\$ 0
2480	Attorney's Fees				\$ 0						\$ 0
2490	Other Non-Medical				\$ 0						\$ 0
2400	TOTAL PROFESSIONAL FEES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2510	Office Supplies				\$ 0						\$ 0
2530	Medical Supplies				\$ 0						\$ 0
2540	Recreation & Craft Supplies				\$ 0						\$ 0
2550	Food				\$ 0						\$ 0
2590	Other Supplies				\$ 0						\$ 0
2500	TOTAL SUPPLIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2600	TELEPHONE & TELEGRAPH				\$ 0						\$ 0
2700	POSTAGE & SHIPPING				\$ 0						\$ 0
2810	Rent of Space				\$ 0						\$ 0
2820	Building & Grounds Supplies				\$ 0						\$ 0
2830	Utilities				\$ 0						\$ 0
2840	Care of Buildings & Grounds				\$ 0						\$ 0
2870	Interest Expense				\$ 0						\$ 0
2880	Insurance & Property Taxes				\$ 0						\$ 0
2890	Other Occupancy Expense				\$ 0						\$ 0
2800	TOTAL OCCUPANCY EXPENSE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3100	OUTSIDE PRG - ART WORK				\$ 0						\$ 0
3210	Mileage & Auto Rental				\$ 0						\$ 0

NO.	ACCOUNT TITLE	ADULT REHABILITATION SERVICES						Day Prgm	Day Prgm	All	Indirect
		Gross Total	Revenue Adjust	Excluded Costs	Adjusted Costs	Community Living Skills	Employment Related Services	Services For Skills Training	Services For Skills Develop	Other Programs	Service Costs
3250	Agency Vehicles Expense				\$ 0					\$ 0	
3280	Automobile Insurance				\$ 0					\$ 0	
3290	Other Related Transportation				\$ 0					\$ 0	
3200	TOTAL LOCAL TRANS.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3310	Staff Development & Training				\$ 0					\$ 0	
3320	Annual Meetings & Bus. Conference				\$ 0					\$ 0	
3300	TOTAL CONF. & CONVENTIONS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3400	SUBSCRIPTIONS/PUBLICS.				\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3510	Clothing & Personal Needs				\$ 0					\$ 0	
3520	Other				\$ 0					\$ 0	
3500	TOTAL ASSISTANCE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4100	ORGANIZATION DUES				\$ 0			\$ 0		\$ 0	
4200	AWARDS & DUES	\$ 0			\$ 0			\$ 0		\$ 0	
4310	Agency Vehicle Repair				\$ 0					\$ 0	
4320	Other Equipment Repair or Purchase				\$ 0					\$ 0	
4300	REPAIRS & EXPENDABLE EQUIP.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4410	Agency Vehicles	\$ 0			\$ 0					\$ 0	
4420	Equipment	\$ 0			\$ 0					\$ 0	
4480	Buildings and Leaseholds	\$ 0			\$ 0					\$ 0	
4400	TOTAL DEPRECIATION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4910	Moving & Recruitment				\$ 0					\$ 0	
4920	Liability Insurance				\$ 0					\$ 0	
4930	Miscellaneous				\$ 0					\$ 0	
4900	TOTAL MISCELLANEOUS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5000	INDIRECT SERVICE COSTS				\$ 0			\$ 0	\$ 0	\$ 0	\$ 0
TOTAL EXPENSES		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
ALLOCATION OF INDIRECT PROGRAM SERVICE COSTS						\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
TOTAL SERVICE OR MAINTENANCE COSTS AFTER ALLOCATION OF INDIRECT						\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
* PROGRAM INCOME OR REIMBURSEMENTS											
* UNITED WAY CONTRIBUTIONS NOT RESTRICTED OR APPROPRIATED											
* OTHER CONTRIBUTIONS NOT RESTRICTED OR APPROPRIATED											
* GOVERNMENT GRANTS											
TOTAL SERVICE OR MAINTENANCE COSTS AFTER DEDUCTIONS						\$ 0	\$ 0	\$ 0	\$ 0		
UNITS OF SERVICE						0	0	0	0		
UNIT COST **						\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
* Deductions from Schedule A						Prior Years Rate					
						\$ Change from PY					
						% Change from PY					

Provider Agency: #N/A
 Report Type Actual
 Period of Report: 07/01/03 to 06/30/04

SCHEDULE E - COMPARATIVE BALANCE SHEET

ASSETS, LIABILITIES AND EQUITY

	Balance At End Of	
	Current Period	Prior Period
ASSETS:		
Cash	\$	
Receivable from Clients		
Receivable from Others		
Property and Equipment:		
Land		
Buildings and Equipment		
Less Allowance for Depreciation		
Net Property and Equipment	\$0.00	\$0.00
Investments and Other Assets		
<u>TOTAL ASSETS</u>	\$0.00	\$0.00
LIABILITIES AND EQUITY:		
Accounts Payable	\$	
Accrued Taxes (Payroll and Property)		
Other Liabilities		
Notes and Mortgages		
Total Equity Or Fund Balance	\$0.00	\$0.00
<u>TOTAL LIABILITIES AND EQUITY</u>	\$0.00	\$0.00

RECONCILIATION OF EQUITY OR FUND BALANCE

<u>TOTAL EQUITY OR FUND BALANCE BEGINNING OF PERIOD</u>	\$		
<u>Add:</u>			
TOTAL REVENUE from Schedule A			
Other Revenue. Explain.			
<u>Deduct:</u>			
TOTAL EXPENSES from Schedule D			
Other Expenses. Explain.			
<u>TOTAL EQUITY OR FUND BALANCE END OF PERIOD</u>	<u>\$</u>	<u>\$0.00</u>	<u>\$0.00</u>

Provider Agency: #N/A
 Report Type: Actual
 Period of Report: 07/01/03 to 06/30/04

SCHEDULE F - COST ALLOCATION PROCEDURES
 (To be completed by Providers which offer more than one service)

Cost are allocable to a particular service, such as a grant, project, or other activity, in accordance with the relative benefits received. A cost is allocable to a service if it is treated consistently with other costs incurred for the purpose in like circumstances, and if it (1) is incurred specifically for the service, (2) benefits the service and can be distributed in reasonable proportion to the benefits received and (3) is necessary to the overall operation of the organization, although a direct relationship to a particular service cannot be shown.

Any cost allocable to a particular service under the above principles may not be shifted to other services to overcome funding deficiencies, or to avoid other restrictions imposed by law or terms of an award or program.

Direct Costs:

- | | YES | NO |
|---|---|---|
| 1. Do you have a cost allocation plan which describes the methods you use in distributing joint costs to services or activities? | <input style="width: 60px; height: 20px;" type="checkbox"/> | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 2. If you do not have a cost allocation plan describing the methods followed, do you have accounting workpapers available to support joint direct cost allocations? | <input style="width: 60px; height: 20px;" type="checkbox"/> | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 3. Is your method of allocating joint service costs consistently followed from year to year? | <input style="width: 60px; height: 20px;" type="checkbox"/> | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 4. Are costs allocated to services in reasonable proportion to benefits received? | <input style="width: 60px; height: 20px;" type="checkbox"/> | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 5. Are service income deductions allocated in a manner which is consistent with the costs incurred in generating the income? | <input style="width: 60px; height: 20px;" type="checkbox"/> | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 6. Additional comments regarding allocation of joint service costs: | | |

Indirect Costs:

- | | | |
|---|---|---|
| 1. Are the indirect costs distributed on a basis of total direct service or costs? | <input style="width: 60px; height: 20px;" type="checkbox"/> | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 2. If indirect costs are not allocated on the basis of total direct service costs, what was the basis used? | | |

- | | | |
|--|---|---|
| 3. Is the basis for distributing indirect cost the same as that used in the previous year? | <input style="width: 60px; height: 20px;" type="checkbox"/> | <input style="width: 60px; height: 20px;" type="checkbox"/> |
|--|---|---|