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

RATE REFI	RATE REFLECTED							
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)

Iowa Department of Human Services

$\underline{\textbf{FINANCIAL} \ \textbf{AND} \ \textbf{STATISTICAL} \ \textbf{REPORT} \ \textbf{FOR} \ \textbf{PURCHASE} \ \textbf{OF} \ \textbf{SERVICE} \ \textbf{CONTRACTS}}$

CERTIFICATION PAGE

AGENCY NAME #N/A		IRS ID#			
ADDRESS		CONTRAC	T NO. 30-	Enter # As (00-00000
CITY, STATE, ZIP CODE					
PERIOD OF REPORT: From To		DATE OF I	FISCAL YE	AR END	
ADMINISTRATOR NAME		TELEPHO	NE NO.		
NAME OF PERSON TO CONTACT IF QUESTIONS ABOUT REPORT		TELEPHO	NE NO.		
Does agency have an independent audit? Yes, for year end	ding				No
Has a copy of the latest independent audit been submitted?	Yes				No
A. Type of Control: GOVERNMENT	NON-PROFIT	ORGANIZAT	TION		PROPRIETARY
B. Accounting Basis : ACCRUAL	MODIFIED C	ASH			CASH
C. Statistical Data For Period of Report:		T			•
 Service Code If subject to licensure, number of clients licensed for : 	W0719	W0721	W0723	W0725	
3. No. of units of service (licensed or staffed)					
a. Type of unit (hourly, daily, etc)	Hourly	Hourly	Hourly	Hourly	
4. Total number of units of service provided					
5. Total number of units of service provided for:					
a. DHS clientsb. Other clients					
6. Percent of units provided to unit capacity					
(divide line 4 by line 3)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Are the rates received from non-DHS clients the same as, or					
7. more than, POS rates for the same service?					
To 1' of a constant of the con	yes	yes	yes	yes	
Indicate yes, or no, for each service. If no, explain.	no	no	no	no	
D. Form of Certification by Officer or Administrator of Provider Ager	ncv:				
I <u>CERTIFY</u> that I have examined the accompanying schedules of re	•	expenses ar	nd the calcul	ations of co	st of service
prepared for this agency and that to the best of my knowledge and l	•			•	
were prepared from the books and records of the facility in accorda cost of care excludes expenses that were not necessary to provide the		structions co	ntained in th	nis report, an	nd allowable
SIGNED		((Officer or A	dministrator	of Facility)
(Title)				(Date)
E. Statement of Preparer (If Other Than Agency)					
I have prepared this report and to the best of my knowledge and be	elief, it repre	sents true ar	nd accurate o	lata of the ag	gency stated above.
(Signed)				(Date)
F. Statement of Project Manager I have reviewed this report prior to submitting it to the State (Dept Purchase of Service Unit.)	. of Human	Services, Bu	reau of Puro	chased Servi	ices,
(Signed)				(Date	<u>) </u>
(Signed)				(Date)	/

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

SCHEDULE A - REVENUE REPORT

REVENUES :		Total Revenue	Revenue for Schedule D Expense Deduction *
Fee for Service :			
County Boa Private Clie Department (service	Department of Human Services and of Supervisors ents tof Education (Voc Rehab) te fees only) y (service fees only)	\$	
Social Secu Other	urity, SSI, SSA		
Work Servi	resement of Investment Income : lees Revenue bursement (DOE) Income	\$	\$
Other (attac	ch schedule)		
	schedule must be attached) y: Contributions not Restricted / Appropriated Restricted / Appropriated Contributions **	\$	\$
Other:	Contributions not Restricted / Appropriated Restricted / Appropriated Contributions **		
Governmen	at Grants :		
TOTAL REVEN	UE	\$ 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.

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

SCHEDULE B - STAFF GROSS SALARIES AND STAFF NUMBERS

JOB CLASSIFICATIONS:	NUM	BER OF ST	GROSS	
	Full Time	Part Time	FTE's	SALARIES AND WAGES
ADMINISTRATIVE - NO. 2110				
Title:				
ADMINISTRATIVE TOTAL - NO. 2110	0	0	0.00	\$ (
PROFESSIONAL - NO. 2120	<u> </u>		<u> </u>	
Title:				
PROFESSIONAL TOTAL - NO. 2120	0	0	0.00	\$ (
DIRECT CLIENT CARE - NO. 2130				
Title:				
			 	
DIRECT CLIENT CARE TOTAL - NO. 2130	0	0	0.00	\$ (
CLERICAL - NO. 2150	V	V	0.00	Ψ
Title:				
				
CLERICAL TOTAL - NO. 2150	0	0	0.00	\$ (
OTHER STAFF - NO. 2190				
Title:				
OTHER STAFF TOTAL - NO. 2190	0	0	0.00	\$ (
TOTAL SALARIES & STAFF NUMBERS	0	0	0.00	\$ (

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 Nonreimburseable 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

PROVIDER NO.: Enter # As 00-00000

FYE: 06/30/04

REPORT TYPE: Actual

SCHEDULE C - DEPRECIATION AND AMORTIZATION EXPENSE

	ACCT NO. (Schedule D)	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				G.F.		Φ.Ω
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.	<u> </u>				SL		\$ 0
6.	<u> </u>				SL		\$ 0
7.	1.120				SL		\$ 0
OFFICE FURNITURE & FIXTURES	4420				GI.		Φ.Ο.
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
<u>4.</u> 5.					SL SL		\$ 0 \$ 0
	<u> </u>				SL		\$0
6. 7.	<u> </u>				SL		\$0
OTHER	4420				SL		\$0
1.	4420				SL		\$ 0
2.	1				SL		\$0
3.	+				SL		\$0
4.	+				SL		\$0
5.	1				SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
SUBTOTAL	4420		\$ 0			To Schedule	\$ 0
EQUIPMENT	4420		φ υ			D, line 4420	φU

	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:	(= 1111 = 1)	1					
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

RELATED PARTY PROPERTY COSTS

. Is any property being leased from a party "related to provider" Yes	using the definitions in the contract and the Provider Handbook?
2. SCHEDULE OF LESSOR'S COSTS :	
If answer to number 1 is yes, provide lessor's costs in the space	e below.
Depreciation on property	
Property taxes	
Mortgage interest on property	
Insurance	
Other (describe)	
TOTAL	0.00 \$

AGENCY NAME: #N/A

3210 Mileage & Auto Rental

PROVIDER NO.: Enter # As 00-00000 REPORT TYPE: Actual SCHEDULE D - EXPENSE REPORT ADULT REHABILITATION SERVICES **Day Prgm Day Prgm** Community **Employment** Services Services All Indirect **Excluded** Adjusted Related For Skills For Skills Other Service Gross Revenue Living NO. ACCOUNT TITLE Total Adjust Costs Costs Skills Services Training **Develop Programs** Costs 2110 Administrative \$0 \$0 \$0 2120 Professional Staff - Direct \$0 \$0 \$0 \$0 \$0 \$0 2130 Other - Direct \$0 \$0 \$0 2150 Clerical \$0 \$0 2190 Other Staff \$0 TOTAL SALARIES \$0 **\$0** \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Health Benefits \$0 \$0 2220 Retirement Plan \$0 \$0 2290 Other Benefits \$0 \$0 TOTAL BENEFITS \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 FICA Expense \$0 \$0 2320 Unemployment \$0 \$0 2350 Workmen's Compensation \$0 \$0 TOTAL PAYROLL TAXES \$0 **\$ 0 \$ 0** \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 Medical & Psych Services Purchased \$0 2470 Accounting and Auditing \$0 \$0 2480 Attorney's Fees \$0 \$0 Other Non-Medical \$0 \$0 2490 TOTAL PROFESSIONAL FEES \$0 \$0 **\$ 0 \$0** \$0 \$0 \$0 \$0 \$0 Office Supplies \$0 Medical Supplies \$0 \$0 2540 Recreation & Craft Supplies \$0 \$0 Food \$0 2550 \$0 Other Supplies \$0 \$0 2590 TOTAL SUPPLIES \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 2600 TELEPHONE & TELEGRAPH \$0 \$0 2700 POSTAGE & SHIPPING \$ 0 \$ 0 Rent of Space \$0 \$0 2820 Building & Grounds Supplies \$0 \$0 \$0 \$0 2830 Utilities Care of Buildings & Grounds \$0 \$0 2840 \$0 2870 Interest Expense \$0 Insurance & Property Taxes \$0 \$0 Other Occupancy Expense \$0 \$0 TOTAL OCCUPANCY EXPENSE \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$ 0 \$0 3100 OUTSIDE PRTG - ART WORK \$0 \$0

\$0

FYE: 06/30/04

\$0

		ADULT REHABILITATION SERVICES Day Prgm Day Prgm									
						Community	Employment	Services	Services	All	Indirect
		Gross	Revenue	Excluded	Adjusted	Living	Related	For Skills	For Skills	Other	Service
NO.	ACCOUNT TITLE	Total	Adjust	Costs	Costs	Skills	Services	Training	Develop	Programs	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	
						, ,		, ,			
3510	Clothing & Personal Needs				\$ 0					\$ 0	
3520	Other				\$ 0					\$ 0	
	TOTAL ASSISTANCE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	·	\$ 0
2200	10111E HOSIOTH (CE	Ψ	Ψΰ	Ψ	Ψΰ	Ψΰ	Ψΰ	Ψΰ	Ψ	Ψ	Ψΰ
4100	ORGANIZATION DUES				\$ 0			\$ 0		\$ 0	
4100	OKGANIZATION DUES				φυ			φυ		φυ	
4200	AWARDS & DUES	\$ 0			\$ 0			\$ 0		\$ 0	
4200	AWARDS & DUES	Φυ			φυ			φυ		φU	
4310	Aganay Vahiala Danair	I		1	\$ 0					\$ 0	
	Agency Vehicle Repair Other Equipment Repair or Purchase				\$ 0 \$ 0					\$0	
	REPAIRS & EXPENDABLE EQUIP.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$0
4300	REPAIRS & EXPENDABLE EQUIP.	ΦV	φU	φU	φV	φU	φU	φU	φU	φU	φU
4410	Agency Vehicles	\$ 0	I	T	\$ 0					\$ 0	
4410		\$0			\$ 0 \$ 0					\$ 0 \$ 0	
4420 4480	Equipment Buildings and Leaseholds	\$0			\$ 0 \$ 0					\$0	
	TOTAL DEPRECIATION	\$ 0	\$ 0	\$ 0	\$ 0 \$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
7700	TOTAL DEL RECIATION	φυ	φυ	φυ	φυ	φυ	φυ	φυ	φυ	φυ	φυ
4910	Moving & Recruitment	l I	I		\$ 0					\$ 0	
4920	Liability Insurance				\$0					\$ 0	
4930	Miscellaneous				\$0					\$ 0	
	TOTAL MISCELLANEOUS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0		\$ 0
4200	TOTAL MISCELLANEOUS	Ψ	ψυ	ΨΨ	φυ	ΨΨ	ψθ	Ψυ	ψΨ	φυ	ΨΨ
5000	INDIRECT SERVICE COSTS				\$ 0			\$ 0	\$ 0	\$ 0	\$ 0
3000	INDIRECT SERVICE COSTS				φυ			φυ	φυ	φυ	φυ
	TOTAL EXPENSES	¢Λ	\$ 0	¢ n	¢ በ	¢ 0	¢ 0	¢ 0	¢ n	¢ 0	\$ 0
		\$0		\$ 0	\$ 0	\$0	\$ 0				\$ U
	ALLOCATION OF INDIRE					\$ 0					
	TOTAL SERVICE OR MAINTE			N OF INDIRECT		\$0	\$ 0	\$0	\$0	\$ 0	
	* PROGRAM INCOME OR			D A DDD ODDIA	TED						
	* UNITED WAY CONTRIL				TED						
	* OTHER CONTRIBUTION * COVERNMENT CRANT		LED OK APPR	KOPKIATED							
	* GOVERNMENT GRANT		ACTC A ETEP	DEDUCTION	TC .	¢ 0	¢ 0	¢ 0	¢ 0		
TOTAL SERVICE OR MAINTENANCE COSTS AFTER DEDUCTIONS					\$ 0	\$ 0 0		\$ 0 0			
	UNITS OF SERVI UNIT COST **	CE				\$ 0.00			\$ 0.00		
* F ·			-	P	D 4	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		
* Dedu	actions from Schedule A		,		ears Rate						
			}	\$ Change							
				% Change	e from PY						

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

SCHEDULE E - COMPARATIVE BALANCE SHEET

			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			
	TOTAL ASSETS	\$	\$0.00	\$0.00
	TOTAL ASSETS	Ą		
I IABII I	ΓΙΕS AND EQUITY:			
LIADILI	Accounts Payable	\$		
	Accrued Taxes (Payroll and Property)	Ψ		
	Other Liabilities			
	Other Entermities			
	Notes and Mortgages			
	Total Equity Or Fund Balance			
			\$0.00	\$0.00
	TOTAL LIABILITIES AND EQUITY	\$		
		-	-	
	•			
RECONC	CILIATION OF EQUITY OR FUND BALANCE	•		_
TOTAL I	EQUITY OR FUND BALANCE BEGINNING OF PERIO	D	\$	
1011121		_	*	
Add:				
	TOTAL REVENUE from Schedule A			
	Other Revenue. Explain.			
Deduct:				
	TOTAL EXPENSES from Schedule D			
	Other Expenses. Explain.			
TOTAL I	EQUITY OR FUND BALANCE END OF PERIOD	\$	\$0.00	\$0.00

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?				
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?				
3. Is your method of allocating joint service costs consistently followed from year to year?				
4. Are costs allocated to services in reasonable proportion to benefits received?				
5. Are service income deductions allocated in a manner which is consistent with the costs incurred in generating the income?				
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?				
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?				