Iowa Department of Human Services

Financial and Statistical Report for Habilitation Services

Provider Identification Page

AGENCY NAME			
CITY			
PROVIDER NO.			
REPORT TYPE	PARENT		
FYE			
112	-		
RATE REFLECTED	-	Billed	<u>Unit Cost</u>
W1204	Day Habilitation	Daily	\$ 0.00
W1205	Day Habilitation	1/2 Day	\$ 0.00
W1206	Day Habilitation	Hourly	\$ 0.00
W1207	Home-Based Habilitation	Hourly	\$ 0.00
W1208	Home-Based Habilitation	Daily	\$ 0.00
W4425	Prevocational Service	Hourly	\$ 0.00
W1426	Prevocational Service	1/2 Day	\$ 0.00
W1425	Prevocational Service	Daily	\$ 0.00
W1430	Supported Employment - Obtain a Job (Expired 6/30/08)	Per Job	\$ 0.00
W1431	Supported Employment - Maintain Employment/Job Coaching	Hourly	\$ 0.00
W1432	Supported Employment - Maintain Employment/Personal Care	Hourly	\$ 0.00
W1433	Supported Employment - Maintain Employment/Enclave	Hourly	\$ 0.00
W5021	Supported Employment - Enhanced Joh Search	Hourly	\$ 0.00

Iowa Department of Human Services Financial and Statistical Report for Habilitation Services

CERTIFICATION PAGE

AGENCY NAME 0				=				PROVIDE	R NO.		0	<u>-</u>	
ADDRESS CITY, STATE, ZIP CODE				_									
PERIOD OF REPORT: From To	_			_				IRS ID #	FISCAL YE	AR END	00-000000	0	
ADMINISTRATOR NAME NAME OF PERSON TO CONTACT IF QUESTIONS ABOUT REPORT				_				TELEPHO TELEPHO	NE NO.				
	for year endir	ıg		=			No						<u>-</u>
Has a copy of the latest independent audit been submitted?	•		Yes		-		No						
A. Type of Entity: GOVERNMENT		NON-PROFIT	r organiza	TION			PROPRIETAI	RY					
B. Type of Control: INDIVIDUAL		PARTNERSH	IIP				CORPORATI	ON		S CORPORA	TION		
C. Accounting Basis : ACCRUAL		MODIFIED C	CASH				CASH						
D. Statistical Data For Period of Report :													
Service Code If subject to licensure, # of clients licensed for :	W1204	W1205	W1206	W1207	W1208	W4425	W1426	W1425	W1430	W1431	W1432	W1433	W5021
 No. of units of service (licensed or staffed) Type of unit (15 Min, Daily, etc) 	Daily	1/2 Day	Hourly	Hourly	Daily	Hourly	1/2 Day	Daily	Per Job	Hourly	Hourly	Hourly	Hourly
Total number of units of service provided Total number of units of service provided for:													
a. DHS clients													
b. Other clients6. Percent of units provided to unit capacity													
(divide line 4 by line 3)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0
Are the rates received from non-DHS clients the same as or more than, POS rates for the													
same service?	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Indicate yes, or no, for each service.	no	no	no	no	no	no	no	no	no	no	no	no	no
If no, explain.													
E. Form of Certification by Officer or Administrator of Pro I <u>CERTIFY</u> that I have examined the accompanying sch prepared for this agency and that to the best of my know were prepared from the books and records of the facility cost of care excludes expenses that were not necessary to	edules of revoletied and belt in accordance	enues and ex lief they are e with instru	true and co	rrect. I also	certify these	schedules							
SIGNED						(Officer or A	dministrator	of Facility)	-			
(Title	2)				-			(Date)					
F. Statement of Preparer (If Other Than Agency) I have prepared this report and to the best of my knowled	edge and belie	ef, it represe	nts true and	accurate dat	a of the ager	ncy stated al	bove.						
(Signe	ed)				-			(Date)		-			
470 4425 (07/08)													

AGENCY NAME:	0
PROVIDER NO.:	0
FYE:	01/00/00
REPORT TYPE:	PARENT

SCHEDULE A - REVENUE REPORT

REVENUES :	Total Revenue	Revenue for Schedule D Expense Deduction *	
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.

AGENCY NAME: 0	FYE:	01/00/00	
PROVIDER NO.: 0	REPORT TYPE:	PARENT	

SCHEDULE B - STAFF GROSS SALARIES AND STAFF NUMBERS

JOB CLASSIFICATIONS:	NUM	GROSS		
	Full Time	Part Time	FTE's	SALARIES AND WAGES
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:				
OLERICAL NO. 2150	0	0	0.00	\$ 0
CLERICAL - NO. 2150 Title:				
CLERICAL TOTAL - NO. 2150	0	0	0.00	\$ 0
OTHER STAFF - NO. 2190		T	<u> </u>	
Title:				
OTHER STAFF TOTAL - NO. 2190	0	0	0.00	\$ 0
TOTAL SALARIES & STAFF NUMBERS	0	0	0.00	\$ 0

 AGENCY NAME:
 0

 PROVIDER NO.:
 0

 FYE:
 01/00/00

 REPORT TYPE:
 PARENT

SCHEDULE C - DEPRECIATION AND AMORTIZATION EXPENSE

	ACCT NO.	YEAR ACQUIRED	ORIGINAL COST	DEPREC. RECORDED PRIOR YEAR	DEPREC. METHOD	ANNUAL RATE	RECORDED DEPREC. EXPENSE
EQUIPMENT:	(Benedule B)	nogonaz	0051	THOR TEAM	THE THOE	Turing	Ditt Er (DE
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.	4420				SL		\$ 0
OFFICE FURNITURE & FIXTURES	4420				SL		¢ 0
1. 2.					SL		\$ 0 \$ 0
3.					SL		\$0
4.					SL		\$0
5.					SL		\$0
6.					SL		\$0
7.					SL		\$0
OTHER	4420				<u>DL</u>		ΨΟ
1.	7720				SL		\$ 0
2.					SL		\$0
3.					SL		\$0
4.	1				SL		\$0
5.					SL		\$ 0
	+						
<u>6.</u> 7.					SL SL		\$ 0 \$ 0
					SL		\$0
SUBTOTAL	4420		\$ 0			To Schedule	\$ 0
EQUIPMENT						D, line 4420	•

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
MOTOR VEHICLES:	4410						
1.	4410				SL		\$ 0
2.					SL		\$0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$0
SUBTOTAL						To Schedule	·
VEHICLES	4410		\$ 0			D, line 4410	\$ 0
TOTAL EQUIPMENT							
	ACCT			DEPREC.			RECORDED
	NO.	YEAR	ORIGINAL	RECORDED	DEPREC.	ANNUAL	DEPREC.
	(Schedule D)	ACQUIRED	COST	PRIOR YEAR	METHOD	RATE	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
	4490				SL		\$0
LEASEHOLD IMPROVEMENTS	4480				GT.		Φ.0
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						T- C-1- 1-1	
BUILDINGS &	4480		\$ 0			To Schedule D, line 4480	\$ 0
LEASEHOLDS		<u> </u>		<u> </u>		D, IIIIC 4480	
TOTAL							
EQUIPMENT							
& BUILDINGS							
	4400		\$ 0			To Schedule	\$ 0
	4400		φU			D, line 4400	φU

SCHEDULE C - DEPRECIATION AND AMORTIZATION EXPENSE

RELATED PARTY PROPERTY COSTS

1.	1. Is any property being leased from a party "related to provider" using the definitions in the Yes No	contract and the Provider Handbook?
2.	2. SCHEDULE OF LESSOR'S COSTS:	
	If answer to number 1 is yes, provide lessor's costs in the space below.	
	Depreciation on property	
	Property taxes	
	Mortgage interest on property	
	Insurance	
	Other (describe)	
	0.00 TOTAL \$	
	101AL p	

AGENCY NAME:	0	
PROVIDER NO.:	0	
FYE:	01/00/00	
REPORT TYPE:	PARENT	

						W1204 Day	W1205 Day	W1206 Day	W1207 Home- Based	W1208 Home- Based	W4425 Pre- Vocational	W1426 Pre- Vocational
A	CCOUNT	Gross	Revenue	Excluded	Adjusted	Habilitation-	Habilitation-	Habilitation-	Habilitation-	Habilitation-	Service-	Service-
NO.	TITLE	Total	Adjust	Costs	Costs	Daily	1/2 Day	Hourly	Hourly	Daily	Hourly	1/2 Day
2110	Administrative	\$ 0	-		\$ 0	-		-	-		_	<u> </u>
2120	Professional Staff - Direct	\$ 0			\$ 0							
2130	Other - Direct	\$ 0			\$ 0							I
2150	Clerical	\$ 0			\$ 0							
2190	Other Staff	\$ 0			\$ 0							
2100	TOTAL SALARIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	<u>, </u>											
	Health Benefits				\$ 0							<u> </u>
	Retirement Plan				\$ 0							
	Other Benefits				\$ 0							1
2200	TOTAL BENEFITS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	,											
2310	FICA Expense				\$ 0							
	Unemployment				\$ 0							
	Workmen's Compensation				\$ 0							l
2300	TOTAL PAYROLL TAXES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	T	ı		· · · · · · · · · · · · · · · · · · ·			1	ı		ı		
	Medical & Psych Services Purchased				\$ 0							
2470	Accounting and Auditing				\$ 0							
	Attorney's Fees				\$ 0							
	Other Non-Medical				\$ 0							
2400	TOTAL PROFESSIONAL FEES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2510	OSC G I			<u> </u>	Φ.0		1	I		I	T	
	Office Supplies				\$ 0 \$ 0							ſ
	Medical Supplies				\$ 0 \$ 0		-					
	Recreation & Craft Supplies						-					1
	Food				\$0		-					1
	Other Supplies	4.0	* ^	4.0	\$0	4.0	* ^	4.0	* ^	* 0	4.0	
2500	TOTAL SUPPLIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2600	TELEPHONE & INTERNET		1	1	\$ 0		1	ı		ı		
2000	TELEFHUNE & INTERNET				\$0							
2700	POSTAGE & SHIPPING		1	1	\$ 0		Į.	I		I		
2700	FUSTAGE & SHIFFING				\$ 0							

						W1204 Day	W1205 Day	W1206 Day	W1207 Home- Based	W1208 Home- Based	W4425 Pre- Vocational	W1426 Pre- Vocational
A	CCOUNT	Gross	Revenue	Excluded	Adjusted	Habilitation-	Habilitation-	Habilitation-	Habilitation-	Habilitation-	Service-	Service-
NO.	TITLE	Total	Adjust	Costs	Costs	Daily	1/2 Day	Hourly	Hourly	Daily	Hourly	1/2 Day
	Rent of Space				\$ 0							
2820	Building & Grounds Supplies				\$0							
	Utilities				\$ 0							
2840	Care of Buildings & Grounds				\$ 0							
2870	Interest Expense				\$ 0							
	Insurance & Property Taxes				\$ 0							
2890	Other Occupancy Expense				\$ 0							
2800	TOTAL OCCUPANCY EXPENSE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3100	OUTSIDE PRTG - ART WORK				\$ 0						1	
3100	OUTSIDE PRIG - ART WORK				\$ U		<u> </u>	<u> </u>		<u> </u>		
3210	Mileage & Auto Rental				\$ 0							
3250	Agency Vehicles Expense				\$0							
3280	Automobile Insurance				\$ 0							
3290	Other Related Transportation				\$0							
	TOTAL LOCAL TRANS.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2210	Ig. ccp. 1				Φ.Ο.		T	T	Т	T	Т	
3310 3320	Staff Development & Training				\$0							
	Annual Meetings & Bus. Conference TOTAL CONF. & CONVENTIONS	\$ 0	\$ 0	\$ 0	\$ 0 \$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3300	TOTAL CONF. & CONVENTIONS	φυ	φU	φυ	φU	φU	φU	\$ U	9 0	, , , , , , , , , , , , , , , , , , ,	\$ U	φ.0
3400	SUBSCRIPTIONS/PUBLICS.				\$ 0							
3510	Clothing & Personal Needs	-			\$ 0		4	1		4	I	
	Other Assistance				\$0							
	TOTAL ASSISTANCE	\$ 0	\$ 0	\$ 0		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2200	2 O TIEL TROOPS THE TOP	Ψΰ	ψυ	ΨΨ	Ψ	Ψ	Ψ	ΨΨ	ψθ	ψθ	Ψΰ	Ψθ
4100	ORGANIZATION DUES				\$ 0							
4200	AWARDS & DUES	<u> </u>			\$ 0							
1200	TITIEDS & DOED				φυ		1			1		

					W1204	W1205	W1206	W1207	W1208	W4425	W1426 Pre-
					Day	Day	Day	Home- Based	Home- Based	Pre- Vocational	Vocational
ACCOUNT	Gross	Revenue	Excluded	Adjusted	Habilitation-	Habilitation-	Habilitation-	Habilitation-	Habilitation-	Service-	Service-
NO. TITLE	Total	Adjust	Costs	Costs	Daily	1/2 Day	Hourly	Hourly	Daily	Hourly	1/2 Day
4310 Agency Vehicle Repair	Total	Aujust	Costs	\$ 0	Dany	1/2 Day	Hourry	Hourry	Dany	Hourry	1/2 Day
4320 Other Equipment Repair or Purchase				\$0							
4300 REPAIRS & EXPENDABLE EQUIP.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
REI AIRS & EAI ENDABLE EQUIT.	Ψΰ	ψΰ	ΨΨ	ΨΨ	Ψ	ΨΨ	ΨΨ	ΨΨ	Ψ	ψΰ	ψυ
4410 Agency Vehicles	\$ 0			\$ 0							
4420 Equipment	\$ 0			\$0							_
4480 Buildings and Leaseholds	\$ 0			\$0							-
4400 TOTAL DEPRECIATION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
		•	•								•
4910 Moving & Recruitment				\$ 0							
4920 Liability Insurance				\$ 0							
4930 Miscellaneous				\$ 0							
4900 TOTAL MISCELLANEOUS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
											-
5000 HOME OFFICE or MANAGEMENT FI	EE			\$ 0							
TOTAL EXPENSES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
	T ~1	+ *	7.7	7.7	W1204	W1205	W1206	W1207	W1208	W4425	W1426
					***120-1	***1202	***1200	Home-	Home-	Pre-	Pre-
					Day	Day	Day	Based	Based	Vocational	Vocational
	Gross	Revenue	Excluded	Adjusted	Habilitation-	Habilitation-	Habilitation-	Habilitation-	Habilitation-	Service-	Service-
DESCRIPTION	Total	Adjust	Costs	Costs	Daily	1/2 Day	Hourly	Hourly	Daily	Hourly	1/2 Day
TOTAL EXPENSES	\$ 0	\$0	\$ 0	\$ 0	\$ 0	\$0		\$0	\$0	\$ 0	\$0
ALLOCATION OF INDIRECT PROGRAM SERV	VICE COSTS				\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL SERVICE OR MAINTENANCE COSTS AFTER A	ALLOCATION OF IND	IRECT			\$ 0	\$0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
* PROGRAM INCOME OR REIMBURSEMENT	S										
* UNITED WAY CONTRIBUTIONS NOT REST	RICTED OR APPRO	OPRIATED									
* OTHER CONTRIBUTIONS NOT RESTRICTED	D OR APPROPRIAT	TED									
* GOVERNMENT GRANTS											
TOTAL SERVICE OR MAINTENANCE COS	TS AFTER DEDUC	CTIONS			\$ 0	\$0	\$ 0	\$ 0	\$ 0	\$ 0	\$0
UNITS OF SERVICE					0	0	0	0	0	0	0
UNIT COST					\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

^{*} Deductions from Schedule A

AGENCY NAME:	0
PROVIDER NO.:	0
EXTE	0.4.10.0.10.0
FYE:	01/00/00

A NO. 2110 2120 2130	CCOUNT TITLE Administrative Professional Staff - Direct Other - Direct	W1425 Pre- Vocational Service- Daily	W1430 Supported Employment- Obtain A Job	W1431 Supported Employment- Job Coaching	W1432 Supported Employment- Personal Care	W1433 Supported- Employment Enclave	W5021 Supported- Employment Enhanced Job Search	Other Programs/ Services	Total Facility Indirect Service Costs
2150 2190 2100	Clerical Other Staff TOTAL SALARIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2210 2220 2290 2200	Health Benefits Retirement Plan Other Benefits TOTAL BENEFITS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2310 2320 2350 2300	FICA Expense Unemployment Workmen's Compensation TOTAL PAYROLL TAXES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2450 2470 2480 2490	Medical & Psych Services Purchased Accounting and Auditing Attorney's Fees Other Non-Medical								
2400	TOTAL PROFESSIONAL FEES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2510 2530 2540 2550 2590	Office Supplies Medical Supplies Recreation & Craft Supplies Food Other Supplies								
2600 2700	TOTAL SUPPLIES TELEPHONE & INTERNET POSTAGE & SHIPPING	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$0	\$ 0

2810 2820 2830 2840 2870 2880	CCOUNT TITLE Rent of Space Building & Grounds Supplies Utilities Care of Buildings & Grounds Interest Expense Insurance & Property Taxes	W1425 Pre- Vocational Service- Daily	W1430 Supported Employment- Obtain A Job	W1431 Supported Employment- Job Coaching	W1432 Supported Employment- Personal Care	W1433 Supported- Employment Enclave	W5021 Supported- Employment Enhanced Job Search	Other Programs/ Services	Total Facility Indirect Service Costs
2890	Other Occupancy Expense								
2800	TOTAL OCCUPANCY EXPENSE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3100	OUTSIDE PRTG - ART WORK								
3210	Mileage & Auto Rental								
3250	Agency Vehicles Expense								
3280	Automobile Insurance								
3290	Other Related Transportation								
3200	TOTAL LOCAL TRANS.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3310 3320	Staff Development & Training Annual Meetings & Bus. Conference								
3300	TOTAL CONF. & CONVENTIONS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3400	SUBSCRIPTIONS/PUBLICS.								
3510	Clothing & Personal Needs	<u> </u>		-	-				
3520	Other Assistance								
3500	TOTAL ASSISTANCE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4100	ORGANIZATION DUES								
4200	AWARDS & DUES								

					_				
		W1425	W1430	W1431	W1432	W1433	W5021		Total
		Pre-	Supported	Supported	Supported		Supported-		Facility
		Vocational	Employment-	Employment-	Employment-	Supported-	Employment	Other	Indirect
A	CCOUNT	Service-	Obtain	Job	Personal	Employment	Enhanced	Programs/	Service
NO.	TITLE	Daily	A Job	Coaching	Care	Enclave	Job Search	Services	Costs
4310	Agency Vehicle Repair								
4320	Other Equipment Repair or Purchase								
4300	REPAIRS & EXPENDABLE EQUIP.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4410	Agency Vehicles								
4420	Equipment								
4480	Buildings and Leaseholds								
4400	TOTAL DEPRECIATION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4910	Moving & Recruitment								
4920	Liability Insurance								
4930	Miscellaneous								
4900	TOTAL MISCELLANEOUS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5000	HOME OFFICE or MANAGEMENT FI								
5000	HOME OFFICE or MANAGEMENT FI								
5000	HOME OFFICE or MANAGEMENT FI TOTAL EXPENSES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5000		\$ 0 W1425	\$ 0 W1430	\$ 0 W1431	\$ 0 W1432	\$ 0 W1433	\$ 0 W5021	\$ 0	\$ 0 Total
5000		· ·					· ·	\$ 0	
5000		W1425	W1430	W1431	W1432		W5021	\$ 0	Total
5000		W1425 Pre-	W1430 Supported	W1431 Supported	W1432 Supported	W1433	W5021 Supported-	· .	Total Facility
		W1425 Pre- Vocational	W1430 Supported Employment-	W1431 Supported Employment-	W1432 Supported Employment-	W1433 Supported-	W5021 Supported- Employment	Other	Total Facility Indirect
DESC	TOTAL EXPENSES	W1425 Pre- Vocational Service-	W1430 Supported Employment- Obtain A Job	W1431 Supported Employment- Job	W1432 Supported Employment- Personal	W1433 Supported- Employment	W5021 Supported- Employment Enhanced Job Search	Other Programs/ Services	Total Facility Indirect Service Costs
DESC	TOTAL EXPENSES	W1425 Pre- Vocational Service- Daily	W1430 Supported Employment- Obtain A Job	W1431 Supported Employment- Job Coaching	W1432 Supported Employment- Personal Care	W1433 Supported- Employment Enclave	W5021 Supported- Employment Enhanced Job Search \$ 0	Other Programs/ Services \$ 0	Total Facility Indirect Service Costs
DESC TOTA ALLO	TOTAL EXPENSES RIPTION AL EXPENSES	W1425 Pre- Vocational Service- Daily \$ 0	W1430 Supported Employment- Obtain A Job \$ 0 \$ 0	W1431 Supported Employment- Job Coaching	W1432 Supported Employment- Personal Care	W1433 Supported- Employment Enclave	W5021 Supported- Employment Enhanced Job Search \$ 0	Other Programs/ Services \$ 0	Total Facility Indirect Service Costs
DESC TOTA ALLO TOTAL	TOTAL EXPENSES RIPTION LEXPENSES CATION OF INDIRECT PROGRAM SERV	W1425 Pre- Vocational Service- Daily \$ 0	W1430 Supported Employment- Obtain A Job \$ 0 \$ 0	W1431 Supported Employment- Job Coaching \$ 0 \$ 0	W1432 Supported Employment- Personal Care \$ 0 \$ 0	W1433 Supported- Employment Enclave \$ 0	W5021 Supported- Employment Enhanced Job Search \$ 0	Other Programs/ Services \$ 0 \$ 0	Total Facility Indirect Service Costs
DESC TOTA ALLO TOTAL * PRO	TOTAL EXPENSES RIPTION LEXPENSES CATION OF INDIRECT PROGRAM SERV SERVICE OR MAINTENANCE COSTS AFTER A	W1425 Pre- Vocational Service- Daily \$ 0 \$ 0	W1430 Supported Employment- Obtain A Job \$ 0 \$ 0	W1431 Supported Employment- Job Coaching \$ 0 \$ 0	W1432 Supported Employment- Personal Care \$ 0 \$ 0	W1433 Supported- Employment Enclave \$ 0	W5021 Supported- Employment Enhanced Job Search \$ 0	Other Programs/ Services \$ 0 \$ 0	Total Facility Indirect Service Costs
DESC TOTA ALLO TOTAL * PRO * UNI	TOTAL EXPENSES RIPTION LEXPENSES CATION OF INDIRECT PROGRAM SERV SERVICE OR MAINTENANCE COSTS AFTER A GRAM INCOME OR REIMBURSEMENTS	W1425 Pre- Vocational Service- Daily \$ 0 \$ 0	W1430 Supported Employment- Obtain A Job \$ 0 \$ 0	W1431 Supported Employment- Job Coaching \$ 0 \$ 0	W1432 Supported Employment- Personal Care \$ 0 \$ 0	W1433 Supported- Employment Enclave \$ 0	W5021 Supported- Employment Enhanced Job Search \$ 0	Other Programs/ Services \$ 0 \$ 0	Total Facility Indirect Service Costs
DESC TOTA ALLO TOTAL * PRO * UNI * OTH	TOTAL EXPENSES RIPTION AL EXPENSES CATION OF INDIRECT PROGRAM SERV SERVICE OR MAINTENANCE COSTS AFTER A GRAM INCOME OR REIMBURSEMENTS TED WAY CONTRIBUTIONS NOT REST	W1425 Pre- Vocational Service- Daily \$ 0 \$ 0	W1430 Supported Employment- Obtain A Job \$ 0 \$ 0	W1431 Supported Employment- Job Coaching \$ 0 \$ 0	W1432 Supported Employment- Personal Care \$ 0 \$ 0	W1433 Supported- Employment Enclave \$ 0	W5021 Supported- Employment Enhanced Job Search \$ 0	Other Programs/ Services \$ 0 \$ 0	Total Facility Indirect Service Costs
DESC TOTA ALLO TOTAL * PRO * UNI * OTH * GOV	TOTAL EXPENSES RIPTION AL EXPENSES CATION OF INDIRECT PROGRAM SERV SERVICE OR MAINTENANCE COSTS AFTER A GRAM INCOME OR REIMBURSEMENTS TED WAY CONTRIBUTIONS NOT RESTRICTED	W1425 Pre- Vocational Service- Daily \$ 0 \$ 0	W1430 Supported Employment- Obtain A Job \$ 0 \$ 0	W1431 Supported Employment- Job Coaching \$ 0 \$ 0	W1432 Supported Employment- Personal Care \$ 0 \$ 0	W1433 Supported- Employment Enclave \$ 0	W5021 Supported- Employment Enhanced Job Search \$ 0 \$ 0	Other Programs/ Services \$ 0 \$ 0	Total Facility Indirect Service Costs
DESC TOTA ALLO TOTAL * PRO * UNI * OTH * GOV	TOTAL EXPENSES RIPTION LEXPENSES CATION OF INDIRECT PROGRAM SERV SERVICE OR MAINTENANCE COSTS AFTER A GRAM INCOME OR REIMBURSEMENTS TED WAY CONTRIBUTIONS NOT RESTRICTED VERNMENT GRANTS	W1425 Pre- Vocational Service- Daily \$ 0 \$ 0	W1430 Supported Employment- Obtain A Job \$ 0 \$ 0	W1431 Supported Employment- Job Coaching \$0 \$0	W1432 Supported Employment- Personal Care \$ 0 \$ 0	W1433 Supported-Employment Enclave \$ 0 \$ 0	W5021 Supported- Employment Enhanced Job Search \$ 0 \$ 0	Other Programs/ Services \$ 0 \$ 0	Facility Indirect Service

^{*} Deductions from Schedule A

AGENCY NAME:	0	
PROVIDER NO.:	0	
FYE:	01/00/00	
REPORT TYPE:	PARENT	

Schedule D-1 - Calculation of Home-Based Habilitation Consumer Item Limits

(Complete for each Home-Based Habilitation consumer that has incurred the cost noted below.)

Home-Based Consumer Member ID															_	
From Schedule D:																
Line 3290 - Other Related Transportation																
Line 3520 - Other Assistance																
Line 4320 - Other Equipment Repair and Purchase																
Total Expense	\$ -	\$	-													
Home-Based Consumer Limit	\$ 1,570	\$	1,570													
Variance	\$ -	\$ -	\$ -	\$,	\$	\$	\$	\$,	\$,	\$ -	\$	\$ -	\$ -	\$,	\$	-

Note: The facility is responsible for supporting expenses specific to each consumer.

Provider Agency:	0		
Report Type	PARENT		
Period of Report:	01/00/00	to	01/00/00

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		
		\$0.00	\$0.00
	TOTAL ASSETS	\$	
LIABILIT	TIES AND EQUITY:		
	Accounts Payable	\$	
	Accrued Taxes (Payroll and Property)		
	Other Liabilities		
	Notes and Mortgages		
	TOTAL LIABILITIES		
	Equity or Fund Balance		
		\$0.00	\$0.00
	TOTAL LIABILITIES AND EQUITY	\$	
RECONC	ILIATION OF EQUITY OR FUND BALANCE		
TOTAL E	QUITY OR FUND BALANCE BEGINNING OF PERIOD	\$	
Add:			
	TOTAL REVENUE from Schedule A		
	Other Revenue. Explain.		
Deduct:			
	TOTAL EXPENSES from Schedule D		
	Other Expenses. Explain.		
TOTAL E	QUITY OR FUND BALANCE END OF PERIOD	\$ \$0.00	\$0.00
			

Provider Agency:	0			
Report Type:	PARENT			
Period of Report:	01/00/00	to	01/00/00	

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.

nding deficiencies, or to avoid other restrictions imposed by law or term	ns of an award or program.
rect Costs: 1. Do you have a cost allocation plan which describes the methods you use in distributing joint costs to services or activities?	YES NO
2. What is your method for allocating joint cost? Attach supporting docu	umentation
3. 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?	
4. Is your method of allocating joint service costs consistently followed from year to year?	
5. Are costs allocated to services in reasonable proportion to benefits received?	
6. Are service income deductions allocated in a manner which is consisted with the costs incurred in generating the income?	ent
7. Additional comments regarding allocation of joint service costs:	
lirect 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? Attach supporting documentation.	
3. Is the basis for distributing indirect cost the same as that used in the previous year?	