State of Connecticut



Annual Report of Residential and Day Services Department of Social Services and Department of Developmental Services

Cost Year 2011

Parent Organization	·	
Address (No. & Street, City, State, Zip	Code)	
Report for Year Beginning July 1, 2010	Report for Year Ending June 30, 2011	
FEIN		
DDS ID Number #		

For Department Use Only

Date Received	Number Assigned	Signed and Notarized

Parent Organization		FEIN	Report for Year Ended	Page	of
0		<u>. 0</u>	6/30/2011	1	31
	•	Organization Structure			
Form of Organization:					
Contact Personnel					
Commer 1 craomici		1			
<u>Name</u>	<u>Title</u>	Address (if different from Parent Organization)	<u>Telephone Nu</u>	<u>mber</u>	
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of the list along with their address Indicate if the information proving report filing.	sses and telephone nu	the organization by their titles at the beginning ambers. Changed since the last operational open attached. Identify any changes in			
management in the last year and					
		Insurance			
A copy of your most recent insuradditional insured is attached.	rance certificate that I	ists "The State of Connecticut" as an			

Department of Social Services and Department of Developmental Services General Information

Parent Organization		FEIN #REF!	Report for Year Ended #REF!	Page 2	of 31
#REF! . Ma	nagement A		#KEF!	2	
As to the Accurac	•		the Filing		
IT IS HEREBY CERTIFIED that I have reviewed the guidelines governing its preparation. I have inquired of expenses which are not reimbursable under the appas a result of an inquiry or other research are properly penalty of law, this filing represents accurate and correcords in accordance with instructions provided by to Department of Social Services.	is report and am of appropriate p plicable regulation y disclosed as sun plete information	familiar with the ersonnel as to the ons. All non-reinch in this report. on prepared from	e applicable regulations and e possible inclusion in thit inbursable expenses of whe To the best of my knowled and reconciled to our book	s report nich I am edge, und oks and	aware der
IT IS HEREBY CERTIFIED that all the supporting required by the Department of Developmental Servic specified by the Department of Developmental Services.	es and will be m	ade available for	audit in a timely manner	and in a	as Iocation
IT IS HEREBY CERTIFIED that our organization is handling of client funds and is in compliance with re-	in receipt of the spect to the requi	Department of I irements for all c	Developmental Services's client funds for which we	guideline are respo	es on the
IT IS HEREBY CERTIFIED that all withholdings from payment made to the appropriate parties.	om employees' p	aychecks have b	een processed in a timely	fashion a	ınd
IT IS HEREBY CERTIFIED that the information repworksheet(s), if applicable, are true and correct to the Related Party Disclosure has been reviewed for compallowable cost reported for related party transactions are reported in compliance with the Rate Setting Reg	e best of my know pliance to CLA F have been limite	wledge. The rela tate Setting Regi ed to the cost to t	nted party information con ulations, Section 17-313b-	itained in ·1(19) an	the d the
IT IS HEREBY CERTIFIED that the information rep if applicable, are true and correct to my knowledge. At the definition of related party contained in Section 17 requested by DDS, the parent organization agrees to	Arms-Length lead 7-313b-1(19) of t	ses are with indi he CLA Rate Se	vidual or organizations tha tting Regulations. Addition	at do not	meet
SIGNATURE BY AUTHORIZED INDIVIDUAL A	T THE PAREN	Γ ORGANIZAT	ION OF:		
Signature	Date	Title			
Printed Name	<u> </u>	Telephone Nu	mber		
Subscribed and Sworn to before me	Date	Signed (Notar	y Public)		
Address of Notary Public		Date Commiss	sion Expires		

(Notary Seal)

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Department of Social Services and Department of Developmental Services General Information

Parent Organization		FEIN	Report for Year Ended 6/30/2011	Page 3	of 31
Certification by In- Independ	dependent lent Audito		ountants		
of [provider name], as o schedules and forms are the responsibility of the Compa on these financial schedules and forms based on our aud	d in the accompa f, and for the ye my's manageme lit.	anying listing or ar ending June nt. Our respons	f Financial Schedules and 30, 2011. These financial sibility is to express an operation of the state of the s	ıl pinion	
Those standards require that we plan and perform the auschedules and forms are free of material misstatement. supporting the amounts and disclosures in the financial accounting principles used and significant estimates may	our audit in accordance with auditing standards generally accepted in the United States of America. Is require that we plan and perform the audit to obtain reasonable assurance about whether the financial forms are free of material misstatement. An audit includes examining, on a test basis, evidence amounts and disclosures in the financial schedules and forms. An audit also includes assessing the nciples used and significant estimates made by management, as well as evaluating the overall the financial schedules and forms. We believe that our audit provides a reasonable basis for our ying financial schedules and forms were prepared for the purpose of complying with the accounting and				
The accompanying financial schedules and forms were reporting practices specified in the State of Connecticut Services Operating Manual for Parent Organizations Probe a complete set of financial statements.	Department of	Developmental	Services/Department of	Social	
In our opinion, the financial schedules and forms referred supplemental information of as specified in the State of Connecticut, Department of Operating Manual for Parent Organizations Providing F	[provider i Developmental	name], in conto. Services/Depar	rmity with accounting pr	actices	
This report is intended solely for the information and us state awarding agencies. This restriction is not intended public record.	se of the audit co	ommittee, Board tribution of this	d of Directors, manageme report, which is a matter	ent, and	
Signature	Date	Independent P	ublic Accountant		

Department of Social Services and Department of Developmental Services General Information

Parent Organization		FEIN	Report for Year Ended Page of 6/30/2011 4 31
Certification by Co	Independent impliance Stat		ntants
We have audited the State of Connecticut Annual Report of name], as of and for the year ended June 30, 2011, and have audit in accordance with auditing standards generally accept	issued our report th	hereon dated	[provider We conducted our
control over compliance with the requirements of the State of funds, Office of Policy and Management's Cost Standards, I Contractor/Consultant Ethics Compliance Protocol", the Fed reporting of related party transactions as defined in CLA Ra	of Connecticut, Dep Department of Deve deral Regulations so te Setting Regulation	eartment of Develop elopmental Service' arrounding employe ons Section 17-313	s "Independent be withholding taxes, and the p-1 (19) and Section 17-313b-3 (5).
In planning and performing our audit, we considered the integrand material effect on a state program in order to determine compliance, but not for the purpose of expressing an opinion do not express an opinion on the effectiveness of	our auditing proced n on the effectivene	lures for purpose of ss of internal contro	expressing our opinion on old over compliance. Accordingly, we
A control deficiency in an entity's internal control over commanagement or employees, in the normal course of performitype of compliance requirement of a state program on a time control deficiencies, that adversely affects the entity's ability likelihood that noncompliance with a type of compliance requirements or detected by the entity's internal control.	ing their assigned fi ely basis. A signific / to administer a sta	unctions, to preven cant deficiency is a te program such tha	t or detect noncompliance with a control deficiency, or combination of at there is more than a remote
A material weakness is a significant deficiency, or combina likelihood that material noncompliance with a type of comp [provider name] internal co	liance requirement	leficiencies, that res of a state program v	sults in more than a remote will not be prevented or detected by
Our consideration of internal control over compliance was f necessarily identify all deficiencies in internal control that n identify any deficiencies in internal control over compliance	night be significant	deficiencies or mate	erial weaknesses. We did not
(Note - if applicable only) Our consideration of the internate second paragraph and would not necessarily identify all definaterial weaknesses. We consider the deficiencies numbered questioned costs, to be a significant deficiency and those number compliance.	iciencies in internal ed described	control that might I in the accompanyi	be significant deficiencies or ng schedule of findings and
This report is intended solely for the information and use of agencies. This restriction is not intended to limit the distrib	the audit committe oution of this report,	e, Board of Directo which is a matter o	rs, management, and state awarding of public record.
Signature	Indepen	ndent Public Accou	ntant Date

Department of Social Services and Department of Developmental Services General Information

Parent Organization	FEIN	Report for Year Ended	Page	of
		6/30/2011	4a	31

Certification by Independent Public Accountants

Listing of Financial Schedules and Forms

- * Administrative Expenses
- * Employee Benefits
- * Revenue and Expense Summary
- * Room and Board Costs For CLAs
- * Interest Expense Allocation
- * Allocation Worksheet
- ** Summary of Information CLA
- ** Summary of Information CRS
- ** Summary of Information Day
- ** Summary of Information IHS
- ** Summary of Information CTH
- ** Summary of Information Fee for Service
- ** Other
- ** ICF-MR
- ** Fair Rental Value (FRV) Calculations

Listing of General Information Schedules

- GI-3 Certification by Independent Public Accountant
- * GI-4 Related Party Disclosure
- * GI-5 Details to Leases
- * GI-6 Additional Disclosures
- * GI-7 Itemization of Donated capital Assets or Capital Acquisitions Purchased with Other Operating and/or Non Operating Revenue During the Fiscal Year
- * GI-8 Supplemental Disclosure Schedule if Executive director Salary Exceeds \$100,000
- * Data required on these Schedules and Forms are Audited by the Independent Certified Public Accountant in conjunction with the preparation of Audited Financial Statements; verifications of positing and calculations may be required.
- ** These forms contain statistical (i.e., Client Census and Attendance) information as well as financial with regard to statistical, Agency's information systems for generating statistics have been reviewed, and audit with testing of statistical data have been performed to determine the reasonableness of statistics reported.

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Department of Social Services and Department of Developmental Services General Information

Parent Organization				FEIN	Report for Year Ended	Page 5	of 31
And the second s	3	Rela	ted Party D	Disclosure			
This Related Party Dis If it is anticipated that period, the parent orga "Related Parties" as do	additional "Related lanization must file the efined in the CLA rate	Party Transact is form with the e setting regul	ions" will be en ne Annual Reportations Section 1	tered into in subs rt of Residential 7-313b-1 (19) w	sequent fiscal and Day Services.		
ABILITY TO C EXERCISE OR	RTIES MEANS FEI ONTROL, OWNERS INFLUENCE OR CO DIRECTLY OR INI	HIP, FAMILY ONTROL NEE	OR BUSINESS ED NOT BE SHO	S ASSOCIATION DWN, ONLY TH	I. PAST E POTENTIAL		
"Related Party Transa	ctions" can include b	ut are not limi	ited to:				
Real Estate Sale	es or Leases.						
Leasing for Vel	nicles, Office Equipn	nent, Househol	ld Furnishings.				•
Mortgage Loan	s, Working Capital L	oans.					
O Contracts for M	Ianagement Services,	Consultant Se	ervices, Professi	onal Services (i.e	e., Attorneys, Accountants, etc.)		
1	terial, Supplies or Se						
		⊙ Yes	O No		lowing information must be complet	ed:	
Are there any related					Related Party #3		
T., 3!2.4	Related Par	ty #1	Related	Party #2	Related Farty #5		
<u>Individual</u> Name					***		
Address						_	
City, Town, Zip	<u></u>			***		_	
<u>Individual's</u> <u>Firm/Business</u>							
Name						_	
Address City, Town, Zip							
					arate sheet, if necessary).		
If services are shared must be provided, on	by more than one re- a separate workshee	sidential or day	y program and/o nis schedule, wit	or mutually by th h a full explanat	e parent organization, allocation ion of the basis of the allocation	s.	
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Complete pages 5 thru 7 for EACH related organization situation.

Department of Social Services and Department of Developmental Services General Information

Parent Organization	FEIN	Report for Year Ended Page of
		6 31
		,
	Related Party Disclosur	e
Related Party	Real Estate Purchases ar	nd/or Mortgages
Please provide a listing of real estate owned Section 17-313b-1(19) of the CLA rate setti	by the agency that involved a transing regulations.	action with a related party as defined in
	Cost of	
Property Address	Property	<u>Unique ID</u>
Please provide a description of the relations	ship between the agency and related	party.
	Address de la constant de la constan	

Complete this form for each real estate transaction that involves a related party.

State of Connecticut Annual Report of Residential and Day Services CLA-7 Rev. 5/2011

Department of Social Services and Department of Developmental Services General Information

Parent Organization			FEIN Report fo	Report for Year Ended	Page of 7 31
	Related Party Disclosure Existing or Proposed Related Party Leases Attach a copy of each lease.	isclosure lated Party I ach lease.	eases		
Description of Items Leased	Name and Address of Lessor*	Date of Lease	Leased Expense Reported on Page / Line Number Cost	on Unique ID st Number	Buy Out Provision Y/N
	Other Related Party Transactions (i.e., Loans, Contracts for Professional Services, Consultant Services, Materials, Supplies and Services).	r Transactio tant Services, Mai	as erials, Supplies and Services).		
None of Counting	Name and Address of Related Party	ecs of Related Pa		Dollar - Amount	Unique ID Number
Describation of Scrivices				- &	#REF!
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				- \$	#REF!

^{*}Please provide a description of the relationship between the agency and related party.

Department of Social Services and Department of Developmental Services General Information

Parent Organization	FEIN	Report for Year Ended Page 8 :
¹ Supplemental Dis	closure Sche	edule
If Executive Director's S	alary Excee	ds \$100,000
In accordance with Public Act 91-11, "AN ACT CONCERNING CERTAIN DUTIES, SERVICES AND FOR DEVELOPMENTAL SERVICES, THE DEPARTMENT OF HE HOSPITALS AND HEALTH CARE, AND CLARIFYING CERTAIN WILL STATUTES" Section 7, which states, "IN DETERMINING THE AMOUNT OF PAYMENTS TO BE PAIN OF THE GENERAL STATUTES TO ANY ORGANIZATION OR OPPORTUNITIES OR DAY SERVICES, OR SERVICES IN A REBY THE DEPARTMENT OF MENTAL RETARDATION, MENTAIN OTHER STATE AGENCY, THE TOTAL COST ALLOWANCE FOR GRANIZATION OR FACILITY SHALL NOT EXCEED [SEVEN THOUSAND DOLLARS, EXCEPT THAT AFTER JULY 1, 2007, ALLOWANCE FOR THE SALARY OF THE DIRECTOR MAY BE THE PERCENTAGE INCREASE OF ANY COST OF LIVING INCCONTRACT OF THE ORGANIZATION"	EXPENDITURES OF ALTH SERVICES IN PROVISIONS OF THE STATE OF THE STATE OF THE SALARY OF	OF THE DEPARTMENT S AND THE COMMISSION ON OF THE LIVING E UNDER SECTION 17a-246 H PROVIDES EMPLOYMENT ILITY, FOR PERSONS REFERRED HUMAN SERVICES, OR ANY OF THE DIRECTOR OF SUCH SAND DOLLARS] ONE HUNDRED Y THEREAFTER, THE COST Y AN AMOUNT NOT TO EXCEED ED UNDER THE TERMS OF THE
List below the Executive Director's Salary and the sources of fur	nding if it is in exc	cess of \$100,000:
Executive Director's Name and Salary:	200	Consumer of the Consumer of th
\$ Funded by DDS		
\$ Funded by Other State Agency(s):		
\$ Funded by Non-State Agency(s):		According to the control of the cont
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Department of Social Services and Department of Developmental Services General Information

Parent Organization	FEIN	Report for Year Ended	Page	of
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Detail to Existing and/or Proposed Leases "Arms-Length Leases"	Leases			

Disclosure of the requested information is required for property and movable equipment "Arms-Length" leases. Arms-Length leases are with individual or organizations that do not meet the definition of related party contained in Section 17-313b-1(19) of the CLA Rate Setting Regulations. The related party criteria contained in the regulations includes relationships established through: marriage, ability to control, ownership, family or business association. Section 17-313b-1(19) should be reviewed for compliance.

7,4,4	V. S. C.	wood I go oodk y	Date of Leace	Hairiell	Lease Expense Reported on	eported on Cost	Buy Out Provision Yes / No
Description of Items Leased	Name of Lessor	Audi ess ou ressou	Date of Deast	an Amo			
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Note: Please include copies of any newly acquired lease for items listed above.

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Department of Social Services and Department of Developmental Services

General Information

Parent Organization			FEIN	Report for Year Ended Page of 10 31
	Contracted Admir	nistrative and Ma	Contracted Administrative and Management Services	
Firm Name	Address	Type of Service*	Description of Service	Total Fee for Service
*Type of service: accounting, legal, management, etc.	al, management, etc.	er de	The state of the s	
		Pending Litigation	TI .	The state of the s
Are there any lawsuits pending against your organization? If "Yes," include estimated date of settlement, potential financial impact, legal Oxides address and telephone number.	nst your organization? If "Yes	s," include estimated dat	e of settlement, potential fin	ancial impact, legal Odviesel Caldo,
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State of Connecticut Annual Report of Residential and Day Services CLA-11 Rev. 5/2011

Department of Social Services and Department of Developmental Services General Information

Parent Organization			FEIN	Report for Year Ended	Page of 11 31
Itemization of Donated Capital Assets or Capital Acquisitions Purchased with Other Operating and/or Non-Operating Revenue During This Fiscal Year	Capital Ass /or Non-Op	sets or Capi berating Rev	oital Assets or Capital Acquisitions Purchased wit Non-Operating Revenue During This Fiscal Year	ourchased with Othe is Fiscal Year	i a
	Asset	First Year Depreciation		Indicate Where Costs are Included in the Annual Report	Reir O
Description of Asset	Cost	Month / Year	Unique ID Number	Page#/Line#	. Y/N
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Note: Depreciation on the assets listed above should be included in the expense of the cost center(s) and then offset as a non-reimbursable cost.

* as of June 30, 2011 Remit Add Cost Center

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d Total e Unaccounted 5	#REF! \$ 50 #REF! #REF! - \$ -100.00%
Total Total Total Allocated Allocated Allocated Employee Fit Costs A&G Benefits	#REF! \$ 50 #REF! \$ -
	in Allocation of Allocation a. Amount of Administration Total b. Percent of Administration Total 2. Benefits cost Allocation a. Amount of Allocation b. Percent of Benefit Allocation

I. Salaries & Wages I	TITES ARCG
as Administration	
b Business	
G Secretarial/Clerical	
Other (Specify, see A&G Schedule)	\$
Total Salary & Wages (a thru d)	\$
2. Non-Salary	
Accounting & Auditing	
Legal Fees	
Office Supplies (including postage)	
Cip Occupancy Costs (utilities, telephone, repairs, rent, taxes)	
Dues & Membership Fees	
A Management Services	
Consultant Services	
Tis Data Processing	
Staff Development & Seminars	
Temporary Help (Non-Payroll)	
C Depreciation & Amortization	
Insurance	
Employee Mileage	
Vehicle Cost	
Lease Equipment & Maintenance	
Other (Specify, see A&G Schedule)	\$
Total Non-Salary (2a-2p)	\$
3. Subtotal Administration Salary & Wages and Non-Salary (1e + 2q)	\$
4. Allocated Employee Benefits	\$
5. Allocated Interest Expense	\$
6. Non-Reimbursable Costs that are directly related to this Cost Center	
Entertainment	
55. Fines & Penalties	
Bad Debts & Cost of Action to collect receivables	
Taxes (except for payroll, use & property)	
Advertising (except for recruitment of personnel)	
G Contingency Reserves	
Legal, accounting & professional services incurred to represent	
agency in actions involving government	11.754.77
Medical & Dental Service which can be covered by Title 19	
Costs substituted by the fair rental allowance in the room & board calculation	
Amortization of Goodwill	
Depreciation on Donated Capital Assets on reported page 11	
Fund Raising & Cost associated with donations	
Title Start-up Costs for CLA not yet opened III Unallowable Related Party Costs	************
	#REF!
Executive Director Salary in excess of \$100,000	7,1327
Lobbying Costs Unallowable Cost per DDS Accounting Standards	
100001-110	\$
s. Total Non-Reimbursable Costs that are directly related to this Cost Center (b Other Operating and Non-Operating Revenue (Expense Recoveries	well a way
7. that are directly related to this Cost Center)	
8. Total Deductions to Administrative and General Costs (6s + 7)	#REF!
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J	ge:15 - Summary CLA			
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K				
200 100	licensed Bed Capacity		ı	
fa F	Total number of Licensed Beds in the home			
L).	Total number of DDS Funded Beds included in 1a			
(F	Total number of Respite Beds included 1a			
70	Total Number of Non-DDS Funded Beds included in 1a			
Contract for	Days Calculations			
XB_	Number of Days Facility Open	3-000-VIII		
IJ.	Potential Participant Days for Licensed Beds (2a * 1a)			
X4	Potential Participant Days for Licensed Respite Beds (2a * 1c)			
T.F.	Potential Participant Days for Non-DDS Funded Beds (2a * 1d)			
C)	Total Potential Days for DDS Contract Service Authorizations			
Appropriate Commission	Glient Days			
to:	Total number of actual DDS participant days in the home			
lî,	Total number of actual Non-DDS Funded participant days			
Œ	Total number of actual days present for Licensed Respite Beds	900		
d.	Leave Days with Family			
(4) _	Medical Leave Days			
	1. Hospital			
	2. Skilled Nursing Facility			
	3, ICF/MR			
16	Other Leave Days			
	Total Client Days (3a thru 3f)			
	Percentage of Utilization			
1.7.	Non-Respite Beds	<u> </u>		
D.	Respite Beds			
46	DDS Contract Service Authorizations			
200	ales			
i.h	Direct Staff			
	1. House Managers			
	2. House Supervisors			
	3. Direct Care Staff			
	3. Direct Care Staff 4. Per Diem / Substitute Staff			
	3. Direct Care Staff 4. Per Diem / Substitute Staff 5. RN - Direct Care Only			
	3. Direct Care Staff 4. Per Diem / Substitute Staff 5. RN - Direct Care Only 6. LPN - Direct Care Only			
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	3. Direct Care Staff 4. Per Diem / Substitute Staff 5. RN - Direct Care Only 6. LPN - Direct Care Only 7. Clinical Staff - Direct Care Only 8. Other (Specify, see CLA Schedule)			
	3. Direct Care Staff 4. Per Diem / Substitute Staff 5. RN - Direct Care Only 6. LPN - Direct Care Only 7. Clinical Staff - Direct Care Only 8. Other (Specify, see CLA Schedule) 9. Total Direct Staff FTEs (5a1 thru 5a8)			
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10.	3. Direct Care Staff 4. Per Diem / Substitute Staff 5. RN - Direct Care Only 6. LPN - Direct Care Only 7. Clinical Staff - Direct Care Only 8. Other (Specify, see CLA Schedule) 9. Total Direct Staff FTEs (5a1 thru 5a8) Allocated Staff 1. Residental Director / Program Managers 2. Program Supervisors			
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he	3. Direct Care Staff 4. Per Diem / Substitute Staff 5. RN - Direct Care Only 6. LPN - Direct Care Only 7. Clinical Staff - Direct Care Only 8. Other (Specify, see CLA Schedule) 9. Total Direct Staff FTEs (5a1 thru 5a8) Allocated Staff 1. Residental Director / Program Managers 2. Program Supervisors 3. RN - Health Service Coordination 4. LPN - Health Service Coordination			
61	3. Direct Care Staff 4. Per Diem / Substitute Staff 5. RN - Direct Care Only 6. LPN - Direct Care Only 7. Clinical Staff - Direct Care Only 8. Other (Specify, see CLA Schedule) 9. Total Direct Staff FTEs (5a1 thru 5a8) Allocated Staff 1. Residental Director / Program Managers 2. Program Supervisors 3. RN - Health Service Coordination 4. LPN - Health Service Coordination 5. Clinical Staff			
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'n	3. Direct Care Staff 4. Per Diem / Substitute Staff 5. RN - Direct Care Only 6. LPN - Direct Care Only 7. Clinical Staff - Direct Care Only 8. Other (Specify, see CLA Schedule) 9. Total Direct Staff FTEs (5a1 thru 5a8) Allocated Staff 1. Residental Director / Program Managers 2. Program Supervisors 3. RN - Health Service Coordination 4. LPN - Health Service Coordination 5. Clinical Staff			

Page 16 - Summary CLA (2)	GPAFTO(tale	
OFFicher SWifter	F	
:Salaries & Wages		20,000
Direct Staff 1. House Managers	- s -	
2. House Supervisors	\$ -	
3. Direct Care Staff	Y	
4. Per Diem / Substitute Staff	1 \$ -	
5, RN - Direct Care Only	\$ -	THE RELATION
6. LPN - Direct Care Only	† <u>*</u> -	
7. Clinical Staff - Direct Care Only	\$ -	TABLE TABLE
8. Other (Specify, see CLA Schedule)	\$ -	\$ -
9, Total Direct Staff Salary (6a1 thru 6a8)	<u> </u>	\$ -
Allocated Staff 1, Residental Director / Program Managers	\$ -	
	\$ -	14 - 14 - 15 - 15 - 15 - 15 - 15 - 15 -
2. Program Supervisors	\$ -	
3. RN - Health Service Coordination	\$ -	2012
4, LPN - Health Service Coordination	\$ -	100000000000000000000000000000000000000
5. Clinical Staff	<u> </u>	\$ -
6. Other (Specify, see CLA Schedule)		
7. Total Allocated Staff Salary (6b1 thru 6b6)	<u> </u>	\$ - \$ -
Total Salaries & Wages (6a + 6b)	>	13
Non-Salary		
Contract Personnel		
1. Occupational, Physical, and Speech Therapy	\$ -	
2. Nurse	\$ -	1
3. Behaviorist and Psychology		
4. Psychiatry	\$ -	
5. Other (Specify, see CLA Schedule)	\$ -	
6. Total Non-Salary Contract Personnel (7a1 thru 7a5)	\$ -	\$ -
Supplies and Services		
1. General Supplies & Services	\$ -	A Set Market Property
2. Employee Training, Fees and Supplies	\$ -	
3. Client Med. & Education & Recreation	\$ -	
4. Amortization Start-up	\$ -	100 Aug (100 Aug 100 A
5. Total Supplies and Services (7b1 thru 7b4)	- \$	\$ -
Transportation		
Transportation (excluding Vehicle Interest)	\$ -	
2. Vehicle Interest	\$ -	
3. Total Transportation (7c1 + 7c2)	\$ -	\$ -
1. Other (Specify, see CLA Schedule)	\$ -	***i
2. Start Up Costs for Opening a new CLA	\$ -	
Total Non-Salary (7a6 + 7b5 + 7c3 +7d)	\$ -	\$ -
Interest (except for GIA)	\$ -	•
Employee Benefits	#REF!	\$ -
D. Administrative & General	#REFI -	\$ 50
L. Total Direct Service Costs	#REF!	\$ 50
2. a. Non-Reimbursable Costs	\$ -	
b. Start Up Costs for Opening a new CLA	\$ -	\$ -
3. Other Operating & Non-Operating Revenue	\$ -	.
3. Other Operating & NOII-Operating Revenue 4. Total Cost of CLA	#REF!	\$ 50
4. Total Cost of CLA 5. Total Direct Service Costs Excluding Employee Benefit and A&G	\$ -	· \$ -
	\$ \$	
6. Revenue for Non-DDS Participants	\$ -	
7. Revenue for Licensed Respite Participants	\$ -	-
B. Revenue for Vendor Service Authorizations	7170 700 100 100 100 100 100 100 100 100	
9. Per Diem Based on Actual Costs of Contract Service Authorizations 0. Cost for DDS Contract Service Authorizations	#REF!	\$ <u>-</u> \$ 50
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Parents, The 725-Inon-Salaw Tower contract Personnel (christion in the Summar Let (20)	
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Page 17 - Summary CRS

		(क्षड्याक्षती)	#REEL	#REEL
5.23 ;				
SCHOOL SECTION	Total Openings Total number of Contract Service Authorizations			
a.		3	ł	
lir I	Total number of Non-DDS Funded Participants			
G,	Total Openings (a + b) 1			
	Days Calculations			
15.TE	Number of Days Facility Open Potential Client Days (1c * 2a)			
	Total Potential Days for DDS Contract Service Authorizations	1		
	Glient Days			
a.	Total number of actual DDS participant days in the home			
	Total number of actual Non-DDS Funded participant days	1		
	Total Client Days (a + b)	1		
	Percentage of Utilization			
ion.	DDS Contract Service Authorizations (3a / 2c)			
	Total CRS Utilization (3c / 2b)	<u>.</u>		
F-127	FIES:			
	Direct Staff			
	1. House Managers			
	2. House Supervisors			
	3. Direct Care Staff			
	4. Per Diem / Substitute Staff			
	5. RN - Direct Care Only			
	6. LPN - Direct Care Only			
	7. Clinical Staff - Direct Care Only			
	8. Other (Specify, see CRS Schedule)			
	9. Total Direct Staff FTEs (5a1 thru 5a8)			
	Allocated Staff			
	1. Residental Director / Program Managers			
	2. Program Supervisors			
	3. RN - Health Service Coordination			in Mark to the
	4. LPN - Health Service Coordination			
	5. Clinical Staff			
	6. Other (Specify, see CRS Schedule)			
	7. Total Allocated Staff FTEs (5b1 thru 5b6)			
	Total FTEs (5a + 5b)			

	CRS Total		#REFL
6. Salaries & Wages		#PFFI I	#KEE!
a. Direct Staff			
1. House Managers	\$ -		
	\$ -		
2. House Supervisors	\$ -		
3. Direct Care Staff	\$ -		NAMES AND ASSOCIATION OF THE PARTY OF THE PA
4. Per Diem / Substitute Staff	\$ -		
5. RN - Direct Care Only	\$ -		
6. LPN - Direct Care Only	\$ -		
7. Clinical Staff - Direct Care Only			ф <u>-</u>
8. Other (Specify, see CRS Schedule)	<u> </u>	\$ -	\$ - \$ -
9. Total Direct Staff Salary (6a1 thru 6a8)	\$ -	\$ -	ý
Allocated Staff			
1. Residental Director / Program Managers	\$ -		
2. Program Supervisors	<u> </u>		
3. RN - Health Service Coordination	\$ -		
4. LPN - Health Service Coordination	\$ -		
5. Clinical Staff	\$ -	1.11.11.11.11	
6. Other (Specify, see CRS Schedule)	\$ -	\$ -	\$ -
7. Total Allocated Staff Salary (6b1 thru 6b6)	\$ -	\$ -	<u> </u>
Total Salaries & Wages (6a + 6b)	,	\$ -	\$ -
7. Non-Salary			
Contract Personnel			
1. Occupational, Physical, and Speech Therapy	\$ -		
2. Nurse	\$ -		e Pality of Nation
3. Behaviorist and Psychology	\$ -		
4. Psychiatry	\$ -		
5. Other (Specify, see CRS Schedule)	\$ -	\$ -	\$ -
6. Total Non-Salary Contract Personnel (7a1 thru 7a5)	\$ -	\$ -	\$ -
Supplies and Services			
1. General Supplies & Services	\$ -		
2. Employee Training, Fees and Supplies	\$ -		
3. Client Med. & Education & Recreation	\$ -		
4. Amortization Start-up	\$ -		
5. Total Supplies and Services (7b1 thru 7b4)	\$ -	\$ -	\$
C. Transportation			
Transportation (excluding Vehicle Interest)	- \$		
2. Vehicle Interest	\$ -		
3. Total Transportation (7c1 + 7c2)	\$ -	\$ -	\$ -
1. Other (Specify, see CRS Schedule)	\$	\$ -	\$ -
2. Start Up Costs for Opening a new CRS	\$ -	100	
2. Start op costs for opening a new size. Total Non-Salary (7a6 + 7b5 + 7c3 +7d)	\$ -	\$ -	\$ -
8. Interest	\$ -		
9. Employee Benefits	#REF!	\$ -	#REF!
10. Administrative & General	#REF!	\$ 50	#REF!
11. Total Direct Service Costs	#REF!	\$ 50	#REF!
112. a. Non-Reimbursable Costs	\$ -		
b: Start Up Costs for Opening a new CRS	\$ -	\$ -	\$ -
D. Start up costs for Opening a new cks 13. Other Operating & Non-Operating Revenue	\$ -	4	1 1 1 1 1 1 1 1 1 1
	P #REF!	\$ 50	#REF!
14. Total Cost of CRS	\$ -	\$ -	\$ -
15. Total Direct Service Costs Excluding Employee Benefit and A&G	\$ -	3	4
16. Revenue for Non-DDS Participants	\$ -		
17. Revenue for VSA Participants	₽	#VALUE!	#VALUE!
18. Per Diem Based on Actual Costs of Contract Service Authorizations	#REF!	\$ 50	#REF!
19. Cost for DDS Contract Service Authorizations	#KEF!] 3	TINLE:

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and page margins so that the schedule prints correctly lines using the time transpe		
Page 17, Line 5a8 FTEs Other Direct Staff		
(click to return to Summary GRS) Description	Total	
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Page 17, Line 566 - FTEs - Other Allocated Staff (click to return to Summary CRS)		
Description	Total	
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Page 18, Line 6a8 - Salaries and Wages - Other Direct Staff		
(click to return to Summary GRS (2))	Total :	
Description:	Management of the Community of the Commu	
	a) 15 S	
Page 18, Line 666 - Salaries and Wages - Other Allocated		
Staff Description	Total	
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Page 18, Line 7a5 Non-Salary Other Contract Personnel (click to return to Summary CRS (2))		
Description	Total	
Page 18. Line 7d Non-Salany Other	ane Bakening President	
(click-to-return to Summary GRS (2)) Description	Total	
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		#REEL	#REF
1. Total Openings			
Total number of Contract Service Authorizations			
Total number of Vendor Service Authorizations			123977
Total number of Non-DDS Participants	200		
Total Openings (a + b + c)			
2. Percentage of Utilization			
Total number of Potential billable units	no.		
Total number of Actual units			
Percent Utilization (b / a)			
3. FIES			
Direct Staff			
1. House Managers			
2. House Supervisors			
3. Direct Care Staff			
4. Per Diem / Substitute Staff			
5. RN - Health Service Coordinator			
6. LPN - Health Service Coordinator			
7. Clinical Staff			
8. Other (Specify, see IHS Schedule)	16.07	N. S.	
Total Direct Staff FTEs (3a1 thru 3a8)			
Allocated Staff			
1. Residential Director / Program Managers			
2. Program Supervisors			
3. RN - Coordination Only			
4, LPN - Coordination Only			
5. Clinical Staff			
6. Other (Specify, see IHS Schedule)		- VICE	
Total Allocated Staff FTEs (3b1 thru 3b6)			
G Total FTEs (3a + 3b)			
4. Salaries & Wages			
Direct Staff			
1. House Managers	\$ -		
2. House Supervisors	\$ -		
3. Direct Care Staff	\$ -		
4. Per Diem / Substitute Staff	\$ -		
5. RN - Health Service Coordinator	\$ -		
6. LPN - Health Service Coordinator			
7. Clinical Staff			
8. Other (Specify, see IHS Schedule)	\$ -	<u> </u>	\$ -
Total Direct Staff Salary (4a1 thru 4a8)	\$ -	\$ -	\$ -

Page 20 - Summary IHS (2)

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		#REF!	#REF!
4. Salaries & Wages continued			
Allocated Staff			
1. Residential Director / Program Managers	\$		
2. Program Supervisors	\$ -		
3. RN - Health Service Coordination	\$ -		
4. LPN - Health Service Coordination	\$ -		
5. Clinical Staff	\$ -		
6. Other (Specify, see IHS Schedule)	\$ -	\$ -	\$ -
7. Total Allocated Staff Salary (4b1 thru 4b6)	\$ -	\$ -	\$ -
Total Salaries & Wages	\$ -	\$ -	\$ -
5. Non-Salary			
Contract Personnel			
1. Occupational, Pyhsical, and Speech Therapy	\$ -		
2. Nurse	\$ -		
3. Behaviorist and Psychology	\$ -		
4. Psychiatry	\$ -		
5. Other (Specify, see IHS Schedule)	\$ -	\$ -	\$ -
6. Total Non-Salary Contract Personnel (5a1 thru 5a5)	\$ -	\$ -	\$ -
Supplies and Services			
1. General Supplies & Services	\$ -		
2. Employee Training, Fees and Supplies	\$ -		
3. Client Med. & Education & Recreation	\$ -		- Alternative Spirit State Spirit Spi
4. Amortization Start-up	\$ -	TANGETTI ATTE	
5. Total Supplies and Services (7b1 thru 7b4)	\$ -	\$ -	\$ -
G Transportation			
1. Transportation (excluding Vehicle Interest)	\$ -	NVII. PROBLEM	
2. Vehicle Interest	\$ -		
3. Total Transportation (7c1 + 7c2)	\$ -	\$ -	\$ -
可是 Other (Specify, see IHS Schedule)	\$ -	\$ -	\$ -
Total Non-Salary (5a6 + 5b5 + 5c3 +5d)	\$ -	\$ -	\$ -
6. Interest for IHS	\$ -	-	
7. Employee Benefits	#REF!	#REF!	#REF!
8. Administrative & General ,	#REF!	#REF!	#REF!
9. Total Direct Service Costs	#REF!	#REF!	#REF!
10. Non-Reimbursable Costs	\$ -		
11. Other Operating & Non-Operating Revenue	\$ -		
12. Total Cost of IHS	#REF!	#REF!	#REF!
13. Total Direct Service Costs Excluding Employee Benefit and A&G	\$ -	\$ -	\$ -
14. Revenue for Vendor Service Authorizations	\$ -		
15. Revenue for Non-DDS Participants	\$ -		- 1
16. Cost for DDS Contract Service Authorizations	#REF!	#REF!	#REF!

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Rage i Su imeliatica ar≲alomeralioated staff (elektronetunito Summarutis) Description	lao
Page 19. Unewas Salartes and Wages - Other Direct Staff (click to return to Simmary WES) Description	120 <u>7</u> 23
Page 20. Line 3h5 Salaries and Wages 20ther Allorated Staff Description	
Paradon ina salu vonesaina dina di omerci paraonnali Valedona antino salumenti (salumenti della) Description	
Page 20, Inc. 5d. Non-Salaw. Other Circkto tetum to Summary (15 (2))	

Page 21 - Summary CTH

	CIH Total	#REEL	#REF!
		l	
1. Total Openings			
Total number of Contract Service Authorizations			
Total number of Vendor Service Authorizations			
G Total number of Non-DDS Participants		3.57	**************************************
CIL Total Openings (a + b + c)			
2. Percentage of Utilization			
Total number of Potential billable units			
্রিন্দ্র Total number of Actual units		to the Mary Mary and the second of the	
G. Percent Utilization (b / a)			
3. E(Es			
Direct Staff			
1. House Managers			
2. House Supervisors			
3. Direct Care Staff			
4. Per Diem / Substitute Staff			
5. RN - Health Service Coordinator			
6. LPN - Health Service Coordinator			
7. Clinical Staff			
8. Other (Specify, see CTH Schedule)			
Total Direct Staff FTEs (3a1 thru 3a8)			
司 Allocated Staff			
1. Residential Director / Program Managers			
2. Program Supervisors			
3. RN - Coordination Only			
4. LPN - Coordination Only	20045701		
5. Clinical Staff			
6. Other (Specify, see CTH Schedule)			
Total Allocated Staff FTEs (3b1 thru 3b6)			
G Total FTEs (3a + 3b)			
4. Salaries & Wages			
Direct Staff			
1. House Managers	\$ -		
2. House Supervisors	\$		64 HAVE -
3. Direct Care Staff	\$ -		
4. Per Diem / Substitute Staff	\$ -		
5. RN - Health Service Coordinator	\$ -		
6. LPN - Health Service Coordinator	\$ -		
7. Clinical Staff	\$ -	\$	\$ -
8. Other (Specify, see CTH Schedule) Total Direct Staff Salary (4a1 thru 4a8)	\$ -	3 -	\$ -

	(भारतिकार	#REEL	#REF!
4. Salaries & Wages continued			
5 Allocated Staff			
1. Residential Directory / Program Managers	\$ -		
2. Program Supervisors	\$ -		
3. RN - Health Service Coordination	\$ -		
4. LPN - Health Service Coordination	\$ -		
5. Clinical Staff	\$ -		
6. Other (Specify, see CTH Schedule)	\$ -	\$ -	\$ -
7. Total Allocated Staff Salary (4b1 thru 4b6)	\$ -	\$ -	\$ -
Total Salaries & Wages	\$ -	\$ -	\$ -
5. Non-Salary			
Contract Personnel			
1. Occupational, Pyhsical, and Speech Therapy	\$ -		
2. Nurse	\$ -		
3. Behaviorist and Psychology	\$ -		
4. Psychiatry	\$ -	na Paljajanaa.	rata jak dali tahira
5. Other (Specify, see CTH Schedule)	\$ -	\$ -	\$ -
6. Total Non-Salary Contract Personnel (5a1 thru 5a5)	\$ -	\$ -	\$ -
Supplies and Services			
1. General Supplies & Services	\$ -		
2. Employee Training, Fees and Supplies	\$ -		
3. Client Med. & Education & Recreation	\$ -		
4. Amortization Start-up	\$ -		Chewanjes A. T.
5. Total Supplies and Services (7b1 thru 7b4)	\$ -	\$ -	\$ -
দ্ৰ Transportation			
Transportation (excluding Vehicle Interest)	\$ -		
2. Vehicle Interest	\$ -	A 10 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4	
3. Total Transportation (7c1 + 7c2)	\$ -		
Other (Specify, see CTH Schedule)	\$ -	\$ -	\$ -
在 Total Non-Salary (5a6 + 5b5 + 5c3 +5d)	\$ -	\$ -	\$ -
6. Interest for CTH	\$ -		
7. Employee Benefits	\$ -		
8. Administrative & General	\$		
9. Total Direct Service Costs	\$ -		
10. Non-Reimbursable Costs	\$ -		
11. Other Operating & Non-Operating Revenue	\$ -		
12. Total Cost of GTH	\$ -		
13. Total Direct Service Costs Excluding Employee Benefit and A&G	4	\$	\$ -
14. Revenue for Vendor Service Authorizations	\$ -		
15. Revenue for Non-DDS Participants	\$ -		
16. Cost for DDS Contract Service Authorizations	\$ -		

Page 7.1 line 3.38 Lines - Other Direct Staff (click for ettim to Summary Cith) Description	
Page 27th line (3his) = 1 FE = Other Allocated Staff (click for eturn to Summary (21H)) Description	
Page 7.1. Line 4a8 - Salanes and Wages - Other Direct Staff (dick to return to Summary GTD) Description State Stat	
Page 22 Une 4b6—Salaries and Wedge - Other Allocated Saif Description Sacription	
Page, 72.1 line, 5a5 L. Non-Salary - Other. Contract Personnel [Click to return to Summary [Citi (2)] Description [Salary - Total	
age المان : Total المان	

	Algericy.	Total #REF!	#REE!
1 Total Openings			
an Total number of Contract Service Authorizati			
Total number of Vendor Service Authorization	18		
G Total number of Non-DDS participants			
Total Openings (a + b + c)			
2. Percentage of Utilization			
កក្ក Total number of Potential billable units			
Total number of Actual units			
G Percent Utilization (b / a)			
3. FTEs			
Direct Staff			
1. House Managers			
2. House Supervisors			
3. Direct Care Staff	Nil	3 (13 7) (3 13 (3 1)	
4. Per Diem / Substitute Staff			
5. RN - Direct Care Only			2 12 4 A 2 1 3 2 2 1 1 1 1 1 1
6. LPN - Direct Care Only			
7. Clinical Staff - Direct Care Only		with the state of	
8. Other (Specify, see Day Schedule)			
9. Total Direct Staff FTEs (3a1 thru 3a8)			
The Allocated Staff			
1. Residential Director / Program Manager	S		
2. Program Supervisors		Programme Company	
3. RN - Nursing Coordination Only			
4. LPN - Nursing Coordination Only			
5. Clinical Staff			
6. Other (Specify, see Day Schedule)			
7. Total Allocated Staff FTEs (3b1 thru 3b6)		
G Total FTEs			
4. Salaries & Wages			
Direct Staff			
1. House Managers	\$	<u> </u>	Barrier to the tr
2. House Supervisors	\$		
3. Direct Care Staff	\$		
4. Per Diem / Substitute Staff	\$		
5. RN - Direct Care Only	\$		
6, LPN - Direct Care Only	\$		
7. Clinical Staff - Direct Care Only	\$		
8. Other (Specify, see Day Schedule)	\$	- \$ -	\$ -
9. Total Direct Staff Salary (4a1 thru 4a8)	\$	- \$ <u>-</u>	\$ -
9. Total Direct Staff Salary (4a1 thru 4a8) Allocated Staff			
1. Residential Director / Program Manager	5 \$	<u> </u>	
2. Program Supervisors	\$	-	
3. RN - Nursing Coordination Only	\$	-	1
	\$		
5. Clinical Staff	· \$	-	
6. Other (Specify, see Day Schedule)	\$	- \$ -	\$ -
4. LPN - Nursing Coordination Only 5. Clinical Staff 6. Other (Specify, see Day Schedule) 7. Total Allocated Staff Salary (4b1 thru 4)	96) \$	- \$	\$ -
G Total Salaries & Wages	\$	- \$	\$ -

	Agency Total	#REE	#REF!
5. Non-Salary			
Contract Personnel			
1. Occupational, Physical and Speech Therapy	\$ -		
2. Nurse	\$ -		
3. Behaviorist and Psychology	\$ -		
4. Psychiatry	\$ -		
5. Other (Specify, see Day Schedule)	\$ '	\$ -	\$ -
6. Total Non-Salary (5a1 thru 5a5)	\$ -	\$ -	\$ -
5 Supplies and Services			
1. General Supplies and Services	\$ -		
2. Employee Training, Fees and Supplies	\$ -		
3. Client Wages and Benefits	\$ -	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
4. Total Supplies and Services (5b1 thru 5b3)	\$ -	\$ -	
G Transportation			
1. Transportation (excluding Vehicle Interest)	\$ -		
2. Vehicle Interest	\$ -		
3. Total Transportation (5c1 + 5c2)	\$ -	\$ -	\$:
Plant Operations and Maintenance			
1. Building Costs	\$ -		
2. Equipment Costs, Depreciation and Rent	\$ -		
3. Interest Costs			
A. Building and Land Improvements	\$ -		
B. Fixed Equipment	\$ -		
C. Other Movable Equipment	\$ -		
D. Total Interest Costs (3A thru 3C)	\$ -	\$ -	\$ -
4. Utilities, Insurance, Maintenance and Other	\$ -		
5. Total Plant Operations and Maintenance (5d1 thru 5d4)	\$ -	\$ -	\$ -
Other (Specify, see Day Schedule)	\$ -	\$ -	\$ -
Total Non-Salary	\$ -	\$ -	\$ -
6. Total Direct Service Costs	\$ -	\$ -	\$ <i>-</i>
7. Program Costs			
Employee Benefits	\$ -		
15 Administrative and General	\$ -		Walter State of the State of th
Working Capital Interest	\$ -		
বার Total Program Costs (7a thru 7c)	\$ -		
8. Less Non-Reimbursable Cost	\$ -	<u> </u>	
9. Sales Revenue Net of Sales Revenue Allowances	\$ -		
10. Less Other Operating and Non-Operating Revenue	\$ -		
11. Total Cost of Day Program	\$ -	\$ -	\$ -
12. Total Direct Service Costs Excluding Employee Benefit and A&G	\$ -	\$ -	\$ -
13. Revenue for Vendor Service Authorizations	\$ -		
14. Revenue for Non-DDS Participants	\$ -		
15. Cost for DDS Contract Service Authorizations	\$ -	\$ -	- \$

Total Total Total Total Total Total Total		
aff Total Total Total Same Same Same Same Same Same Same Same	This schedule has been left un-protected so that new lines can be added. Be sure t and page margins so that the schedule prints correctly when using the Print Manago	#REF! #REF! #RE
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Total Total Total Total Total		
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	Page 23. Line 416 - Salaries and Wages - Other Allocated. Staff Description	to
Total		
Page 1	Pauel24 Il line StF - Non-Stlary - Other Contract Repsonne (clickic) textral to Summary Day (20) Description	Total
		Total

Page 25 - Summary ICF and Other

	ICF Agency Total	#REF	Other Agency Total	# REF
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Non-Salary	€0-		-	
Employee Benefits			<u> </u>	
Administrative and General Allocation			- \$	
Interest Expense			\$	
	\$		- \$	
[6년] 6년] (605 t	- \$	· ·	. ₩	- ₩
11. Direct Services Costs Excluding Employee Benefit and				
Administrative and General	٠	ر د	-	₩.

Page 26 - Summary Fee for Service	
1 Total Clients Served	
2. Salaries & Wages	
Gr. Managers	
ីភ្នំ Supervisors	
G. Instructor/Job Coach	
्री, Clinical Staff	
्रे Transportation	
Other (Specify, see Fee for Service Schedule)	\$ -
्रा Total Salaries & Wages (2a thru 2f)	\$ -
3. FIES	
Managers Managers	
圖5 Supervisors	
📻 Instructor/Job Coach	
武長 Clinical Staff	
G. Transportation	
6. Other (Specify, see Fee for Service Schedule)	
GE Total FTEs (3a thru 3f)	
4. Non-Salary	
a. Consultants	LEANER AND
Supplies & Services	
G. Transportation	
Plant Operations & Maintenance (Day Only)	
Other (Specify, see Fee for Service Schedule)	\$ -
(名 Total Non-Salary (4a thru 4e)	-
5. Employee Benefits	
6. Administrative and General Allocation	
7. Interest Expense	
8. Less Sales Revenue	
9. Less Operating and Non-Operating Revenue	
10. Total Cost	\$ -
11. Direct Services Costs Excluding Employee Benefit and A&C	

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## Page 27 - Summary Employee

	Total
1. Social Security (FICA)	
2. Unemployment	
3. Workers Compensation	
4. Insurance (Health, Dental, Disability, Life)	
5. Retirement	
6. Other (Specify, see Employee Schedule)	\$ -
7. Less Benefits included in Room & Board Maintenance Salaries	<b>.</b>
8. Total Benefits (1 thru 7)	\$ -
9. Salany	\$ -
Administrative and General	\$ -
CLA/CRS/ISH/CTH	\$ -
Day Program	\$ -
GE ICF/Other  Fee for Service	\$ -
Total Salaries (9a thru 9e)	\$ -
10. FIE's	
Administrative and General	
DE CLA/CRS/ISH/CTH	
G Day Program	
GE ICF/Other	and the state of t
GF Fee for Service	
Total FTE's (10a thru 10e)	
1:1. Benefits (as % of Total Salary Dollars) (8/9f)	

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Page 27. Line 6 - Other (click to return to Summary Employ	<u>e(e)</u>
Description	Amount
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	R&B Total			
	1 \$			
2. Renral Payments on Leased Single Unit Structures				
CIL Rent or Mortgage Payment **	<del>-</del>			
ļ	· \$			
本 Total Rental (2a + 2b)	+	- -	٠	+>
	€			
4. Less Non-Reimbursable and Other Costs (e.g., HUD Subsidies				
and Revenue Offsets) (see Room & Board Schedule)	\$			
5. Net Actiel Property Costs (4 th 20 th 8 th)	<del>-</del>	- \$	-	·
6. Paramare of Square Footage Used for AMC Assivities				
7. December 2011 01 (1911) 6015 (5 = (5 × 6))	•	1 <del>∜</del> }	ı <del>∨</del>	ı <del>♦</del>
8. Approved Property Gosts				
	\$			
Recognition of Actual Debt Service	1 ↔			
Rental Payments Approved by DSS	\$			
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<b>卜</b>	•			
10. Remal Payments on Leased Real Estate in				
Vijif-Unit Building Structures	- \$			
11.1. Property and Real Escrite Taxes (excluding Motor Vehicles)	\$			
12. Thierest on Yovable Equipment (excluding Motor Vehicles)	۱ ن			
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* The higher of CIL Rent (at line 2a.) or CIL Interest and CIL Depredation (at lines 1 and 3) may be reported.

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	R&B Total		
Insurance (Property and t.l.৪ General Lability Only) Sumor Supples and Services	- 5		
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1. Food and Kitchen Supplies	- \$		
2. Dinning and Ordering Out	-		
Housekeeping Supplies	. \$		
Laundry	-		
Plant Maintenance, Operations and Repairs			
Utilities			
1, Heat	\$		
2. Light & Power	- \$		
3. Water & Sewer	+		
4. Cable	+		
5. Other (see Room & Board Schedule)	+		
Equip. Under \$2,500/Equip. Rental/Other			
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26	Operating Revenue	
	Service for Community Living Arrangements	
面	Service for Continuous Residential Supports	
ie.	Service for Individualized Home Supports	
10.5	Service for CTH Support	
	Service for Day Programs	
	Temporary Service Supplement	
面	Start Up Funding for a new CLA/CRS	
	Respite	
	Individual Support	
	Birth to Three	Alle Geerle Visit
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	Room & Board for Community Living Arrangements	Aprilia Angla na naga a
	Room & Board for Children	
	Other State Agencies	
面	Non-DDS Participant Revenue (Specify, see Revenue Schedule)	\$ -
	Tuition-Public / Private Schools	
	HUD Rental Subsidies	
	Other Programs	
	DDS Cost Settlements	
	Vendor Service Authorization Revenue (Fiscal Intermediaries) (Specify, see Revenue Schedule	\$ -
	Total Operating Revenue (1a thru 1t)	\$ -
Prince of	Other Non-Operating Revenue	
61	Grant Revenues	
	Sales Revenue from Day Programs (Specify, see Revenue Schedule)	\$ -
詞	Total Other Non-Operating Revenue (2a + 2b)	\$ -
	Other Revenue	
	1. Fund Raising / Contributions	
	A. Restricted (Specify, see Revenue Schedule)	\$ -
	B. Unrestricted	
	2, Membership Dues	
	3. Investment / Interest Income	
	A. Restricted (Specify, see Revenue Schedule)	\$ -
	B. Unrestricted	
	4. Management Contract Services	14.5 (14.5)
	5. Other (Specify, see Revenue Schedule)	\$ -
	6. Total Other Revenue (2d1 thru 2d5)	\$ -
	Total Other Non-Operating Revenue (2a + 2b + 2d6)	\$ -
Contraction.	Total Revenue (10-+ 2e)	\$ -
	Expenses	
鑄	Direct Costs Allowable R&B	\$ -
	Total Direct Service Costs	
	1. Residential	
	A. CLA	\$ -
	B. CRS	\$ -
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State of Connecticut Annual Report of Residential and Day Services CLA-Reconciliation Rev. 7/2006

## Department of Social Services and Department of Developmental Services Reconciliation

Parent Organization	FEIN	Report for Year Ended
Residential Costs per Annual Report of Residential and (From Summary CLA, line 14)	d Day Services	
Residential Costs per Annual Report of Residential and     (From Summary CRS, line 14)	d Day Services	
Residential Costs per Annual Report of Residential and     (From Summary IHS, line 12)	d Day Services	
4. Residential Costs per Annual Report of Residential and (From Summary CTH, line 12)		\$ -
<ol><li>Day Costs per Annual Report of Residential and Day S (From Summary Day, line 11)</li></ol>		\$ -
Room & Board Costs per Annual Report of Residentia     (From Room & Board Costs for CLAs, line 21)		\$ -
7. ICF and Other Costs per Annual Report of Residential (From Summary ICF and Other, line 10)		\$ -
8. Fee for Service Costs per Annual Report of Residential (From Summary Fee for Service, Line 9)		\$ -
<ol> <li>Subtotal Costs per Annual Report of Residential and D</li> <li>Add Back all Expense Recoveries and Non-Reimbursa</li> </ol>	bles	
a. From Administrative and General, line 6s (Non-Reimb	oursables)	
b. From Administrative and General, line 7 (Other Operat	ting & Non-Operating Revenue)	\$ -
c. From Summary CLA, line 12 (Non-Reimbursable Cost	t)	\$ -
d. From Summary CLA, line 13 (Other Operating & Non		\$ -
e. From Summary CRS, line 12 (Non-Reimbursable Cost	1)	\$ -
f. From Summary CRS, line 13 (Other Operating & Non-	-Operating Revenue)	\$ -
g. From Summary IHS, line 10 (Non-Reimbursable Cost)		<u> </u>
h. From Summary IHS, line 11 (Other Operating & Non-	Operating Revenue)	<u> </u>
i. From Summary CTH, line 10 (Non-Reimbursable Cost)		
j. From Summary CTH, line 11 (Other Operating & Non-Operating Revenue)		
k. From Summary DAY, line 8 (Less Non-Reimbursable Cost)		
1. From Summary DAY, line 9 (Sales Revenue)	2.21	\$ - \$ -
m. From Summary DAY, line 10 (Less Other Operating &	Z Non-Operating Revenue)	\$ -
n. From Summary ICF and Other, Line 9 (Less Other Op	(Solar Pournus)	\$ -
o. From Summary Fee for Service Sales Revenue, line 8 (	or & Non Operating Revenue)	\$ -
p. From Summary Fee for Service, Line 9 (Less Operation	g & Non-Operating Revenue)	
<ul> <li>q. Total Expense Recoveries &amp; Non-Reimbursables (lin</li> <li>11. Adjusted Costs Per Annual Report of Residential and I</li> </ul>	Day Services (line 0 + 10a)	
12. Total Expenses Per Financial Statements	Day Scrvices (into 7 : 104)	
13. Difference/Reconciling Items (12 - 11)		
Explain below, use additional sheet(s) if necessary:		
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	Total diffe	rence \$ -
PREPARER IDENTIFICATION:	EXECUTIVE DIRECTOR APPROV	VAL:
Print or Type Name	Print or Type Name	
Title	Title	
Telephone Number	Telephone Number	

State of Connecticut Annual Report of Residential and Day Services CLA-Amended Affidavit Rev. 8/2006

## Department of Social Services and Department of Developmental Services Amended Affidavit

Parent Organization	FEIN	Report for Year Ended
It is hereby certified that I have reviewed the changes highlighted in thi changes made to the report have been highlighted. I understand and ag resulted from these changes.		
Signature (Authorized Official)	Date Signed	